

Depression Monitoring Flow Sheet #2

Patient name _____

DOB/age _____

Date of diagnosis _____

Scoring guide: 1 = poor/no change in symptoms
 2 = OK/some improvement in symptoms
 3 = good/much improved

Date/type of contact				
Mood				
Interest in activities				
Appetite				
Sleep				
Psychomotor agitation/lethargy				
Energy level				
Concentration				
Thoughts of death/suicide ideation				
Patient impression of progress				
Medication side effects				
Other concerns/assessments				
Provider initials				