

# DEPRESSION INITIAL (03/22) (101473)

Category: **TEMPLATES TO RELEASE**

Scheduled appt type: \_\_\_\_\_

**CC** Concerns of Depression

Summary of concerning behaviors: Symptoms present essentially daily during the same 2-week period (Y/N): Family History of anxiety/depression: Recent changes in friendships / relationships? Recent changes in family health history: Has anything recently "bad / sad / glad" happened in/to family? Loss of interest in previously enjoyable activities? SCHOOL HISTORY Grade and school: Academic performance: Any special services: Problems with attendance: COUNSELING: Has patient been in any counseling (Y/N): Type of treatment / effectiveness ACTIVITIES OF DAILY LIVING: SLEEP: EXERCISE: SCREEN TIME:

**HPI**

**freeform**

**ROS** \_\_\_\_\_

## Structured ROS

## Structured exam

Pert: mood & affect	<input type="checkbox"/>
NL: orientation to time, place & person	<input type="checkbox"/>
Pert: judgment & insight	<input type="checkbox"/>
NL: age appropriate social/language interaction	<input type="checkbox"/>
NL: auscultation of heart: regular rate & rhythm, no murmur	<input type="checkbox"/>
NL: auscultation of lungs: clear & equal breath sounds without rales, rhonchi or wheeze	<input type="checkbox"/>
NL: pupils & irises: PERRLA	<input type="checkbox"/>
Pert: activity level: responsive & interested in environment	<input type="checkbox"/>
Pert: general appearance: alert, pleasant, not ill appearing, no distress	<input type="checkbox"/>

## Remaining template documentation elements

	Surveys PHQ SCARED (Child) SCARED (Parent) GAD-7 As applicable, confidential questions with patient: 1. Substance abuse: 2. Self-harm / cutting behaviors: 3.
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<b>Counseling:</b>	Gender identity or sexual orientation concerns: 4. Risky sexual behaviors: 5. Social / social media stresses: 6. Sexual, verbal or physical abuse: 7. Stresses at home or school: 8. Feeling neglected by family or friends: 9. Thoughts that the world would be better off if you were not alive / recurrent thoughts of death?
<b>Coordination of Care:</b>	_____
<b>Diagnosis:</b>	Major depressive disorder, single episode, unspecified(F32.9)
<b>Assessment:</b>	Major depressive episode, consistent with DSM-5 criteria
<b>Plan:</b>	Discussed diagnosis/concerns with patient/family If provided/available discussed completed/scored/reviewed risk assessment surveys with parent and/or patient Discussed legal implications/regulations of confidentiality for mental health concerns if appropriate No suicidal thoughts or ideations at present but discussed need for continued closed observation and how/where to seek emergent help if indicated As counseling and therapy are important components of treatment of depression, discussed consideration to psychologist/counselor involvement and appropriate referrals made if indicated Discussed when/if referral to psychiatrist is warranted and appropriate referrals made if indicated Discussed considerations to appropriate therapies including counseling and medication Suggested or agreed to following treatment modalities: Educational information provided to patient/family regarding diagnosis, treatment considerations and/or side effects provided as appropriate Community and web-based resources provided to patient/family as appropriate It is important to encourage a healthy

lifestyle, including a healthy diet, enough sleep, exercise, and positive social interactions. Limit screen time and social media use. Encourage open communication about feelings, including thoughts of death or suicide. Remind your child that these feelings are often common with depression and will get better. Talk about possible sources of stress with your child, including bullying, recent losses or change in relationships, school or job expectations, parental expectations. Reduce stress levels whenever possible. Maintain a safe home environment. Guns, knives, long ropes / cables, razors, medicines (including those you buy without a prescription), and alcohol should be locked up. Again stressed need to contact office immediately if any concerns about suicidal thoughts or self-harm. The National Suicide Prevention Lifeline can be reached at 1-800-273-8255 or online at [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) Local community hotline information provided Recheck in office:

<b>Patient Instructions:</b>	
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**Remaining workflow elements**

**Procedures**

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**Orders**

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