

**\*\*Medical Screening Report for Depression\*\*** --- **\*\*Patient Name:\*\*** [Patient Name] **\*\*Date of Birth:\*\*** [DOB] **\*\*Date of Screening:\*\*** [Date] **\*\*Screening Location:\*\*** [Clinic/Hospital Name] **\*\*Screening Conducted By:\*\*** [Healthcare Provider Name] --- **### 1. Reason for Screening** The patient was screened for depression due to the presence of symptoms consistent with mood disturbances, or routine mental health evaluation. --- **### 2. Patient History** - **\*\*Presenting Complaints:\*\*** - Persistent sadness or low mood - Loss of interest or pleasure in activities - Fatigue or loss of energy - Difficulty concentrating - Changes in appetite or weight - Sleep disturbances (insomnia or hypersomnia) - Feelings of worthlessness or excessive guilt - Psychomotor agitation or retardation - Thoughts of death or suicide - **\*\*Past Psychiatric History:\*\*** - Previous diagnosis/treatment of depression or other mental health disorders - Medication or psychotherapy history - **\*\*Family History:\*\*** - History of depression or other psychiatric conditions in first-degree relatives - **\*\*Social History:\*\*** - Stressors such as relationship difficulties, employment issues - Substance use (alcohol, drugs) - Support system availability --- **### 3. Screening Tools Used** - **\*\*Patient Health Questionnaire-9 (PHQ-9):\*\*** Score = [Score] - **\*\*Beck Depression Inventory (BDI):\*\*** Score = [Score] - Other relevant scales if applicable: [Name and score] --- **### 4. Clinical Findings** - **\*\*Mental Status Examination:\*\*** - Appearance: [Normal/Disheveled] - Mood: [Subjective report] - Affect: [Observed expression] - Speech: [Normal/slowed/pressured] - Thought process: [Coherent/disorganized] - Suicidal ideation: [Absent/Present - specify] - Cognitive function: [Intact/impaired] --- **### 5. Summary of Results** - PHQ-9 indicates [no depression/mild/moderate/severe depression]. - Clinical interview consistent with depressive disorder diagnosis [if applicable]. - Risk assessment for suicide conducted; [risk level]. --- **### 6. Recommendations** - Refer to mental health specialist (psychiatrist/psychologist) for further evaluation and management - Consider pharmacotherapy depending on severity - Initiate psychotherapy (CBT, interpersonal therapy) - Monitor closely for suicidal ideation and worsening symptoms - Schedule follow-up visit in [time frame] --- **### 7. Patient Education** - Inform patient about the nature of depression, treatment options, and prognosis - Encourage engagement with support systems and healthy lifestyle changes --- **\*\*Signature:\*\*** [Healthcare Provider Name & Credentials] [Date] --- **\*\*Note:\*\*** This report is confidential and intended for use by healthcare professionals involved in the patient's care.