

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.