

Patient Health Questionnaire-9

[PHQ-9]

PATIENT LEGAL FIRST NAME _____ PATIENT LEGAL LAST NAME _____

DOB _____ PHQ ADMINISTRATION DATE _____ ADMINISTERED BY _____

Please answer the following questions by selecting 0-3.*

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired of having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or you family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

For office coding 0 + _____ + _____ + _____

= Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display, or distribute.



STOP: STAFF SECTION TO COMPLETE
ALTO: SECCIÓN DEL PERSONAL PARA COMPLETAR

- Patient refused PHQ-9 assessment

Exclusions: The patient has the current below active diagnoses and should be excluded from receiving the PHQ survey:

- Bipolar disorder (F31.9)
- Personality Disorder
 - Histrionic (F60.4)
 - Borderline (F60.3)
 - Other _____
- Schizophrenia disorder (F20.9)
- Autism (F84.0)
- N/A

DIRECT TO THE PROVIDER WITHIN 7 DAYS OF VISIT: ONLY FOR PATIENTS WHO SCORE PHQ>9

Patient was screened for depression today utilizing the PHQ-9 questionnaire which yielded a positive screen result based on a total score greater than 9.

Evaluate & Assessment

- The PHQ-9 screening is positive; however, there is no current diagnosis of depression or dysthymia in the medical chart. Reason _____
- The patient has a current diagnosis of depression and/or their findings on the PHQ-9 represent a change from baseline mental health and have persisted longer than 2 weeks duration and are not the result of if a substance use or to another medical condition. These symptoms are present nearly every day, causing clinically significant impairment in social and/or occupational function/health. The patient has a major depressive disorder based on DSM 5 criteria.

Please identify the applicable diagnoses:

- F32.0- Major depressive disorder, single episode, mild
- F32.1- Major depressive disorder, single episode, moderate
- F32.2- Major depressive disorder, single episode, severe
- F34.1- Dysthymia

Treatment Plan

- Continue current treatment plan
- Treatment with medication
- Refer to Lifestance
- Manage in nephrology
- Additional evaluation for depression
- Refer to PCP
- Refer to Other Behavioral Health

Signature: _____ **Date of Service:** _____

Printed Name: _____

This patient assessment form should be used to completely and accurately assess and document patient's conditions. The provider completing this form retains the ability to independently make diagnosis determinations, and in no way should be influenced by the content included. This document serves as a template for reviewing the presence of certain conditions and to facilitate appropriate clinical coordination and follow-up care.