

DEPRESSION



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List the diagnosis: _____

2. Please indicate:

Number of episodes: _____

Date of last episode: _____

3. Is client on any medications? (accurate name, dosage, and reason)

4. Has client been hospitalized for psychiatric treatment?
Give dates and lengths of stay.

5. Does client have a history of any of the following associated conditions?
(Check all that apply. Additional questionnaires may be required)

personality disorder

psychotic disorder

suicidal thought/attempt

substance abuse (alcohol or drugs) (complete questionnaire)

other psychiatric disorder _____

6. Is the client currently working? (occupation)

7. Has any time been lost from work as a result of condition?
(give details)

8. Does client have any other major health issues?