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Treatment Tracking Log for Depression
for Patient Chart

PATIENT NAME:____

Mental Health Theraptist:______________________ Phone:__________ ❑ Release Signed? /date__________
(if applicable)

Psychiatrist:______________________ Phone:__________ ❑ Release Signed? /date__________
(if applicable)

Date of Visit	__/__/___	__/__/___	__/__/___	__/__/___	__/__/___	__/__/___
Contact *(Provider Initials)*	________	________	________	________	________	________
Assessment Type O = Office Visit P = Phone	O / P	O / P	O / P	O / P	O / P	O / P
PHQ-9 Score	________	________	________	________	________	________
Suicide Risk Assessment						
Mental Health Therapy? (Y/N)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
» *Therapy Update Notes*						
Medication? (Y/N) Start Date:______________	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
» *Dosage*	________	________	________	________	________	________
» *Side Effects*	________	________	________	________	________	________
Complementary/Alternative Medicine						

Patient Goals/Notes:

Notes:

- ❑ Chronic pain
- ❑ Other chronic conditions
- ❑ Pregnancy
- ❑ Postpartum
- ❑ Tobacco Use
- ❑ ETOH/substance abuse
- ❑ History of abuse/trauma/PTSD
- ❑ Recent loss
- ❑ Combat veteran
- ❑ Persistent anger/irritability
- ❑ Bipolar disorder
- ❑ Generalized anxiety disorder
- ❑ Other mental health diagnosis, specify:________________________________
- ❑ Other:________________________________

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» *Dosage*	________	________	________	________	________	________
» *Side Effects*	________	________	________	________	________	________
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- ❑ Other:______________________________