

# Depression Treatment Tracking Form



CIGNA HealthCare

PATIENT NAME: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Visit				
<b>Assessment Type</b> Office visit or Phone:				
<b>Treatment Phase</b> A = Acute C = Continuation M = Maintenance				
<b>Depression Rating Score</b> (i.e. PHQ-9)				
<b>Symptom Improvement (I) or Remission (R)</b>				
<b>Functional Status</b>				
<b>Medication (Y/N) Start Date</b>				
<b>Medication Dose, Frequency</b>				
<b>Side Effects</b>				
<b>Treatment Adherence (Y or N) Adherence Rate</b>				
<b>Behavioral Health referral (Y/N)</b>				
<b>Psychiatric Provider Contact Information</b>				
<b>Date of Follow Up Visit</b>				
<b>Suicidal Risk</b>				
<b>Other Conditions:</b> <input type="checkbox"/> Other Mental Health Diagnosis <input type="checkbox"/> Other Medical Diagnosis <input type="checkbox"/> ETOH Abuse <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Violence <input type="checkbox"/> Smoking <input type="checkbox"/> Pregnancy treatment plan outline if any of the above boxes checked				
<b>Patient Treatment Goals This Period</b>				

**Treatment of depression:**

**Follow-up:** Three follow up in first 12 weeks after starting medication

**Acute Phase:** Full symptom remission

**Continuation Phase:** 16-20 weeks following remission

**Maintenance Phase (if needed):** 1 or more years (including acute and continuation phases)

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