Interventionist ID_____

Clinical Tracking Chart

Patient ID_____

Patient Information

Name_____

Age_____ Gender: M F Ethnicity_____

Doctor_____Dr'.s#_____

Chronic Medical Conditions

MMSE_____

Medication Information
(name, dose, start date, adherence, changes)

PsychoSocial Notes
(social support, stressors, living conditions, finances, spiritual)

Baseline Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date_____ Tel/In-P _____ Next Visit Date_____						

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date_____ Tel/In-P _____ Next Visit Date_____			 =/+ 50% Change? ☐Yes ☐ No	 =/+ 50% Change? ☐Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date_____ Tel/In-P _____ Next Visit Date_____			 =/+ 50% Change? ☐Yes ☐ No	 =/+ 50% Change? ☐Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Visit Information	Behavioral Plan	Medication	Depression PHQ Score	Anxiety Oasis Score	MH/Other Consults	Notes
Date____________________ Tel/In-P _________________ Next Visit Date____________			=/+ 50% Change? ☐ Yes ☐ No	=/+ 50% Change? ☐ Yes ☐ No		

Care Manager ID_____

Session Tracking Chart

Patient Information

Name /ID _____

Age_____ Gender: M F Ethnicity_____

Doctor_____Dr.'s Phone #_____

Chronic Conditions (medical, psychiatric and relevant past surgeries, MMSE, TSH)

Medication Information
(name, dose, start date, adherence, changes, side effects)

Psychosocial Notes
(social support, stressors, living conditions, finances, spiritual, marital status, education)

PHQ-9 responses in past 2 weeks	Not at all=0	Several days=1	More than half the days=2	Nearly every day=3						
Session	0	1	2	3	4	5	6	7	8	9
Date of Visit										
1. Feeling down/ blue/ hopeless										
2. Lost interest/pleasure										
3. Sleep disturbance ↑ ↓										
4. Tired/ loss of energy										
5. Appetite/ weight change ↑ ↓										
6. Feeling bad about self										
7. Trouble concentrating										
8. **F**idgety or moving **S**lowly										
9. Thoughts of **D**eath/ **S**uicide										
PHQ-9 Total Score										
Other: pain, panic, anxiety, drinking alcohol										

Visit Information	Behavioral Activation	Psychotherapy Focus	Medication Changes	Consults/ Other Notes (contact attempts / sessions missed / Suicide risk assessed? Y / N)
Date_______________ T / P PHQ-9 Score____________/27 Session # ___________________ Next Visit __________________				
Date_______________ T / P PHQ-9 Score____________/27 Session # ___________________ Next Visit __________________				
Date_______________ T / P PHQ-9 Score____________/27 Session # ___________________ Next Visit __________________				
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Date_______________ T / P PHQ-9 Score____________/27 Session # ___________________ Next Visit __________________				