

ROAD Engagement session recording

Study ID number: _____ Date: _____

Session type: Engagement Session clinic phone other

Self-harm assessment completed

Study self-harm protocol triggered

(PHQ#9 \geq 2, or teen expresses intent/plan)

On-call clinician consulted _____

Notes:

History of depression and tx, including medication

Any prior treatments? Yes No If yes, was treatment helpful? Yes No

What treatments?

Antidepressant(s) _____

Psychotherapy _____

Teen Perception of Counseling:

Teen Perception of Medication:

Hopes and Fears for ROAD program:

Parent's perspective:

Barriers/Solutions:

Teen now interested in Antidepressant Psychotherapy Other: _____

Next DCM appointment:

Entered in ROAD calendar

Homework:

Other:

Current Medical Problems

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Current Medications (list both prescription & non-prescription medications. Put a check mark next to medications which may contribute to depression)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allergies

Other Comments: *(for PCP and patient)*

Other Comments: *(for DCM use only)*