

Patient Progress Report

Progress report for Dr: _____ date: _____

Patient Name: _____ MR: _____

Depression severity: PHQ-9 Depression Score: ____ / 27

Summary of Persistent Depression Symptoms:

Other symptoms:

Current Treatment:

Antidepressant(s) medication and dosage: _____

Psychotherapy: _____

Pleasant event scheduling: _____

Other: _____

Patient's concerns/questions for the PCP to address: