

Name: _____

Date: _____

Depression Visit Summary

Treating you in a holistic and comprehensive way will help you move out of depression.

Height _____ Weight _____ BP _____ P _____ PHQ-9 _____

How are you doing? _____

Your current care plan:

Medications

prescribed: _____
herbs, vitamins, supplements: _____
Alcohol, marijuana or other drugs: _____
Any side effects: _____
Missed doses: _____

Therapist visits: _____
Other behavioral/emotional work: _____
Exercise: _____
Other self care: _____
Social support: _____

Plans made today:

Plans for self care: _____
_____ See Action Plan on back

Medication changes: _____
_____ See medication list

Counseling or therapy: _____

Next appointment with Dr Wood: _____

Other: _____

Suicide Hotline: If you are in a crisis call 802-442-5491

On Line Resources: Go to: www.AveryWoodMD.net
Select: Medical Information and Tools on the Internet
Scroll down to: Links to Resources for Mental Health

Moving out of Depression - My Action Plan

Your Goal: _____

Do you want to make a change?

I don't really need to. I'm considering making a change. I've been planning a change. I've already started it. I have before and need to get back to it.

The change I want to make: _____

Is the right work for you do be doing now?

1 2 3 4 5 6 7 8 9 10
not at all unsure maybe very sure absolutely

Possible solutions:

Pros:

Cons:

Possible solutions:	Pros:	Cons:

Choice of Solution: _____

Specifics: (when, how much, with whom, etc) _____

Things that might get in the way: _____

How to get past these issues: _____

Steps I plan to follow:

1) _____

2) _____

3) _____

How confident are you that you can reach this goal?

1 2 3 4 5 6 7 8 9 10
not at all unsure somewhat confident very confident absolutely confident

Follow up Plans: _____