Dept. of Psychiatry Clinical Monitoring: Treatment and Symptoms

E V Quarterly:__ Date __ / __ / __

Name:_____ ID# __ __ __-__ __ __-__ __ __ __ __ Others:_____ Physician:_____ CPT code:_____ Visit Type:_____

Over the past 10 days, how many days have you been/had . . .

	% days	Severity (0-4)	DSM Criteria	DSM Criteria Satisfied: No	Probable	Definite
… depressed **most of day:**	____%	__	Depressed most of the day nearly every day for ≥2wk	___	___	___
… less interest in **most** activities or found you **couldn't enjoy even pleasurable activities** through **most of the day:**	____%	__	Decreased interest or diminished pleasure in most activities most of the day nearly every day for ≥2wks	___	___	___
… **any period of** abnormal mood elevation	____%	__	Mood Elevation (high, euphoric, expansive) to a significant degree over a 4 - 7 day period	___	___	___
… **any period of** abnormal irritability	____%	__	Irritability to a significant degree over a 4 -7 day period	___	___	___
… **any** abnormal anxiety	____%	__				

Rate Associated Symptoms for PAST WEEK Much more **+2**——— **0** ——— **-2** Much less (0 = usual/none)

MDE requires ≥ 5 (including depressed mood and/or interest)

Depressed mood	Sleep	Interest	Guilt / SE	Energy	Conc / Distr	Appetite	PMR / PMA	SI
___	___	___	___ or ___	___	___ or ___	___	___ or ___	___

Sleeps ____ - ____ hours __ EBT __DFA __MCA __EMA __DGOOB __Naps __anhedonia __ LNWL __Passive __Active

Elevation Mania/hypomania requires ≥ 3 unless only irritable, then ≥ 4 moderate sxs are required (do not count elevation or irritability) toward dx of hypomania or mania

Self Esteem	Need for sleep	Talking	FOI/Racing thoughts	Distractible	Goal directed activity /PMA	High Risk Behavior
___	___	___	___	___	___ or ___	___

Y N **New major stressor, if yes** _____ ___

____ c/d caffeine **____ ppd nicotine** **Onset of menses** _____ / _____ / _____ early late NA

Y N **Alcohol abuse** _____ d/wk Y N **Headaches** Y N **Binge/Purge** Y N **Additional Psych tx**: OP ER Hosp

Y N **Substance abuse** ____ d-use/wk Y N **Migraines** Y N **Panic attacks** Y N **Additional Gen Med tx**: OP ER Hosp

Y N **Significant Medical illness , if yes** _____ **~ Weight** _____

Current Treatments

	Dose Mg 24 hr total	Mg Missed Past 7 days		Dose Mg 24 hr total	Mg Missed Past 7 days
Mood Stabilizers					
Anxiolytics/Hypnotics					
Antidepressants					
Antipsychotics					
				PRN	x
				PRN	x

Psychosocial Interventions ___/mo ECT ___/mo Other _____ ___/mo

Y N Significant Noncompliance, if yes _____

Adverse Effects

Severity 0-4	
Tremor	__
Dry Mouth	__
Sedation	__
Constipation	__
Diarrhea	__
Headache	__
Poor Memory	__
Sexual Dysfunction	__
Increased Appetite	__
Other	
_____	__
_____	__
_____	__
EPS _____	__

Selected Mental Status **Severity 0-4**

PI ___ IOR ___ OC ___

Hallucinations ___ Delusions ___

Last Labs **Date** / /

Li = ___ VPA= ___

Creat= ___ TSH= ___

Current Clinical Status (check one)

__ **Depression** __ **Continued Sx**
__ **Hypomania** __ **Recovering**
__ **Mania** __ **Recovered**
__ **Mixed*** __ **Roughening**

If new episode, estimate onset date: / /

Other Dx:

CGI __ (1-7) **GAF** __ __ week (1-90) **GAF** __ __ month (1-90)

Comments:

Path ___ ___ ___ Phase: A C M T
Path ___ ___ ___ Phase: A C M T

Plan:

RTC _____

Physician's Signature _____