Depression appointment preparation

A first visit or a follow-up after a treatment change. Fill this in before you go. Bring it with you so the clinician has your history from the first minute.

WHY YOU ARE HERE

WHAT YOU HAVE BEEN EXPERIENCING

Main symptoms of the past few weeks (mood, energy, sleep, appetite, motivation, focus, thoughts of self-harm). When did symptoms start or worsen? How much are they interfering (0 not at all to 10 cannot function)?

HISTORY

Prior episodes and what helped. Family history of depression, bipolar disorder, or suicide. Other mental health diagnoses. Medical conditions (thyroid, autoimmune, sleep, cardiovascular, endocrine, chronic pain).

MEDICATIONS AND SUBSTANCES

Current medications (name, dose, how long). Past antidepressants (what happened, side effects, why stopped). Alcohol, cannabis, other substances. Supplements or OTC products.

SAFETY

Any thoughts of suicide or self-harm in the past two weeks? Any prior attempts or self-harm behavior? Any access to firearms or lethal medication supplies at home?

SCREENING SCORES (IF YOU HAVE THEM) AND QUESTIONS TO ASK

PHQ-9: ____ GAD-7: ____ Other: ____

1.

2.

3.

EDUCATIONAL USE ONLY

For educational purposes only. This worksheet from DepressionResource.org is general education, not medical advice, diagnosis, or treatment, and using it does not create a doctor-patient relationship. It is not a substitute for care from a licensed clinician who knows your situation. Laws, standards, and health practices vary by location; it is your responsibility to check the rules of your jurisdiction and to adapt this material or create your own documents as needed. If you may be in danger or are thinking about suicide, call or text 988 in the US, or call 911 in an emergency.