



FLORIDA INTERNATIONAL UNIVERSITY

PHQ-9 DEPRESSION SCALE HISTORY:

DATE	SCORE	DATE	SCORE	DATE	SCORE

THERAPY HX:

TREATING THERAPIST	TYPE OF THERAPY	SCHEDULE	DURATION	SUCCESSFUL "Y" OR "N"	WHY TX WAS INEFFECTIVE
		W BI M			
		W BI M			

Extenuating Circumstances:

Decline in Functioning:

Hospitalizations:

Drug/Alcohol Use:

ECT HX:

Dates:

TMS HX:

Dates:

PLEASE CHECK OFF ANY OF THE FOLLOWING THAT THE PATIENT HAS EXPERIENCED IN THE PAST:

	IS THE PATIENT PREGNANT?
	IS THE PATIENT NURSING?
	DO YOU HAVE A RIDE OR CAN ARRANGE FOR PICKUP?

REFERRING PROVIDER SIGNATURE:

DATE:

TMS PROVIDER SIGNATURE:

DATE: