



## My Depression Treatment Plan

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Contact/Appointment Information

Primary Provider: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Next Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Care Coordinator: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Next Appointment: Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Medication Schedule

Depression Medication Name: _____	From:	To:
1st Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____
THEN 2nd Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____
THEN 3rd Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____
Depression Medication Name: _____	From:	To:
1st Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____
THEN 2nd Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____
THEN 3rd Take _____ tablet(s) of _____ mg ..... for _____ days	_____	_____

#### \*EMR Medication List

Attach Electronic Medical Record Medication List, if available, instead of completing the list of comprehensive medications.

### Other Treatment

Therapy/Counseling/Support Group/Class/ Community Resource/Book/Website/etc	Name / Information	Notes

Discussed with: ☐ Primary Care Provider ☐ Care Coordinator ☐ Other \_\_\_\_\_

Clinician Signature \_\_\_\_\_ Date \_\_\_\_\_