Psychiatric History for Intervention Procedure

NO MEDICATION RECONCILATION PRINTED NOTES WILL BE ACCEPTED

Patient Name: _____ DOB: _____ Phone:_____

Diagnosis: Start Date of Current Depressive Episode: _____

[ ] F33.0 Major Depressive Disorder, Recurrent, Mild

[ ] F33.1 Major depressive Disorder, Recurrent, Moderate

[ ] F33.2 Major depressive disorder, recurrent severe without psychotic features

[ ] F33.3 Recurrent depressive disorder, current episode severe with psychotic symptoms

Other Diagnoses: _____

Current Medications:

Medication	Dose

_____ _____

Psychiatric Provider Name and Office (printed) **Signature**:

_____ _____ _____

Date **Phone** **Email**

Mood Institute
Advancing Psychiatry through Interventions

******Please send completed form records@depressionmd.com or our fax number is 877-325-2241******