**Short screening for an assessment in our depression clinic**

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| 1. **Tell us a little bit about you**
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| *Keep this short. This is so your clinician knows a little bit about you before the assessment.*  |
| 1. **Why are you requesting an assessment at our Depression Clinic?**
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| *Please include a brief summary of your medical history and some of the symptoms that you experience.*  |
| 1. **During the last month, have you often been bothered by feeling down, depressed or hopeless?**
 |
|  Yes No  |
| 1. **During the last month, have you often been bothered by having little interest or pleasure in doing things?**
 |
|  Yes No |
| 1. **Have you been diagnosed with any psychiatric condition(s)?**
 |
|  Yes No |
| 1. **If yes, please list below**
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