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

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| 1. **Tell us a little bit about you** |
| *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?** |
| *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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