



Short screening for an assessment in our depression and anxiety clinic

Name:

DOB:

Date:

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.

2. Why are you requesting an assessment at our Depression and Anxiety Clinic?

Please include a brief summary of your medical history and some of the symptoms that you experience.

3. During the last month, have you often been bothered by feeling down, depressed or hopeless?

Yes

No

4. During the last month, have you often been bothered by having little interest or pleasure in doing things?

Yes

No

5. Have you been diagnosed with any psychiatric condition(s)?

Yes

No

a) If yes, please list below