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PATIENT CONSULTATION

*(*Documentation needed: PHQ9, Medication Checklist, Insurance Ref Checklist, Patient Folder)*

HISTORY OF THE DISEASE

When did you begin suffering from depression in the current episode?
How has depression affected:
Your family?
Your work?
Your social life?
Economics of your life?

ANTIDEPRESSANT MEDICATION HISTORY

What medications have you taken in the current episode?
Utilize: ATR, Insurance Quick Ref Guide and Checklist, if additional information is needed for Prior Authorization.
Did any of these drugs work?
How long did they work for?
Describe how you felt while taking these medications.
What side effects did you experience while taking these medications?
What impact did these medication side effects have on your quality of life?
Failure/Attempt of psychotherapy? ECT? TMS? (Y/N)
Failure/attempt of current/past psychotherapy (ex: CBT, IBT, BDJ) & dates
History of TMS response
ECT candidate? Declined ECT?

GOAL SETTING

What are a few things depression is preventing you from doing?
Can you tell me what life was like before you began suffering from depression?
What are some specific activities you would like to pursue if we could get your depression under control?