



2006 Perinatal/Postnatal Tool for Depression Screening

MEMBER INFORMATION		
Last Name: _____	First Name: _____	Member ID# _____

Plan Name: _____	Physician Name: _____	

Treatment for Depression prior to the onset of Pregnancy

Date of Delivery: _____

EDC: _____

Date of Screening	Type of Screening	Outcome	Referral	Treatment
Date of Screening ____/____/____	<ul style="list-style-type: none"> ○ Subjective Screening <hr/> <p><i>Objective Screening tools:</i></p> <ul style="list-style-type: none"> ○ Edinburgh Postnatal Depression Screening Scale (EPDS) ○ Beck Depression Inventory-II (BD-II) ○ Patient Health Questionnaire (PHQ) ○ OTHER: Name of tool: _____ <hr/> <p><i>Objective Screening Tool</i></p> <ul style="list-style-type: none"> ○ Reviewed by Clinician 	<p>() Positive for screening depression</p> <hr/> <p>() Negative for screening depression</p> <hr/> <p>() After further assessment, no follow up required</p>	<p>Date of Referral: ____/____/____</p> <hr/> <p>() No referral documented</p>	<p>Date of treatment or follow-up: ____/____/____</p> <hr/> <p>() No documentation of treatment or follow-up</p>

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