

# PHQ-9 12 Month Follow-Up Assessment

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Take this assessment within 12 months if caregiver was referred to mental health services due to PHQ-9 score.

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Case Number: \_\_\_\_\_

1. Date Referral was made: \_\_\_\_\_

2. Updated Status:

No longer in need

Waitlisted

Receiving Service

Family refused service

Denied Service

Completed Service

Notes:

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