

PHQ-9 Depression Referral-Primary Caregiver

Make this referral if score on PHQ-9 is 5 or higher

OR if respondent scores a 1 or higher on Question 9

OR if respondent answers “somewhat difficult”, “very difficult” or “extremely difficult” to Question 10.

Date: _____ Staff: _____

Case Number: _____

1. Referral Status:

- Referred Already receiving services

2. Service provider referred to/receiving services from:

Follow-up should be provided 1 month, 3 months, 6 months and 12 months after referral. See PHQ-9 Follow-up Assessment.