



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
 910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Major Depressive Disorder Monitoring Tool – Clinical Self-Review			
Patient Name:	DOB:	Record ID:	
Agency Name:	Service(s) Reviewed:		
Name of Therapist:	Review Date:		
Questions:	Yes	No	N/A
1. Is there a complete MH assessment including medical & psychiatric co-morbidity, psychosocial status, medications, inpatient history, suicidal ideation and substance abuse involvement?	10	0	0
2. Has possibility of co-morbidity been examined? For example, could depressive symptoms be a product of trauma, etc.?	5	0	0
3. Is there documentation of medication management?	0	0	0
a. If YES , is there evidence of coordination with prescribing physician?	5	0	0
b. If NO , was an evaluation recommended?	0	0	0
c. Is there evidence of follow-up on recommendation status?	10	0	0
4. Does frequency of visits change based on symptoms?	5	0	0
5. Does documentation include level of patient compliance with treatment recommendations?	5	0	0
6. If non-compliant, were barriers addressed?	5	0	0
7. Has there been a change in patient's treatment needs leading to revision/addition of goals?	0	0	0
a. If YES , has an addendum to the assessment been completed?	0	0	0
8. Has there been a change in patient's behaviors leading to revision/addition of diagnosis?	0	0	0
a. If YES , has an addendum to the assessment been completed?	5	0	0
9. For patients with a history of SI/HI, or self-harm/cutting behaviors: Is an assessment for risk of harm to self or others done each visit?	5	0	0
10. Were types of therapies utilized in treatment recommended in the CCA (Individual, Group, Family, etc.)?	5	0	0
11. Is psychoeducation included as part of treatment plan?	5	0	0
12. Does the treatment plan include relevant evidence-based modalities for each goal?	5	0	
13. Do the service notes reflect interventions from the modality specified in the plan?	5	0	
14. Are interventions utilized in the session easily identified in the notes?	5	0	
15. Do notes contain details of patient's response to treatment?	5	0	
16. Has client shown progressive improvement throughout course of treatment?	0	0	
a. If NO , has patient been re-assessed to determine a more effective modality?	5	0	0
b. Was the treatment plan updated with patient to reflect changes made?	5	0	0
17. Does the treatment plan include discharge plan?	5	0	0
<i>(Printed Name of Therapist completing self-report)</i>		Date Reviewed	
<i>(Signature)</i>			

Clinical Practice Guidelines utilized: NGC-8093, NGC-10042, NGC-10889, NGC-10760. Division of Medical Assistance Clinical Coverage Policy 8-C

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