



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?			
2. Has possibility of co-morbidity been examined? For example, could depressive symptoms be a product of trauma, etc.?			
3. Is there documentation of medication management?			
a. If YES , is there evidence of coordination with prescribing physician?			
b. If NO , was an evaluation recommended?			
c. Is there evidence of follow-up on recommendation status?			
4. Does frequency of visits change based on symptoms?			
5. Does documentation include level of patient compliance with treatment recommendations?			
6. If non-compliant, were barriers addressed?			
7. Has there been a change in patient's treatment needs leading to revision/addition of goals?			
a. If YES , has an addendum to the assessment been completed?			
8. Has there been a change in patient's behaviors leading to revision/addition of diagnosis?			
a. If YES , has an addendum to the assessment been completed?			
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?			
10. Were types of therapies utilized in treatment recommended in the CCA (Individual, Group, Family, etc.)?			
11. Is psychoeducation included as part of treatment plan?			
12. Does the treatment plan include relevant evidence-based modalities for each goal?			
13. Do the service notes reflect interventions from the modality specified in the plan?			
14. Are interventions utilized in the session easily identified in the notes?			
15. Do notes contain details of patient's response to treatment?			
16. Has client shown progressive improvement throughout course of treatment?			
a. If NO , has patient been re-assessed to determine a more effective modality?			
b. Was the treatment plan updated with patient to reflect changes made?			
17. Does the treatment plan include discharge plan?			
18. Is there evidence that patient was informed of possible medication side-effects?			
<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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