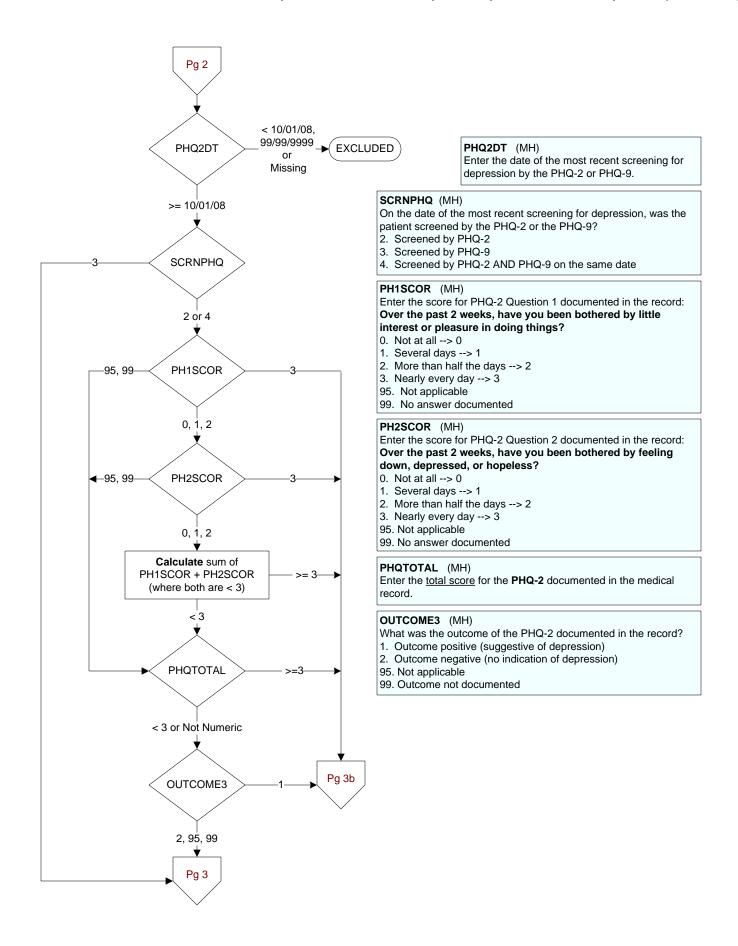
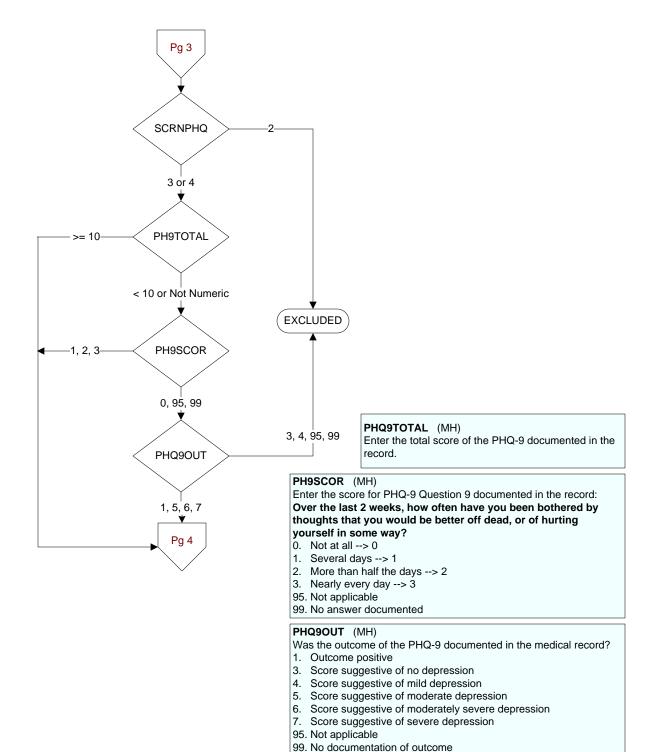


2. No





#### **DEPEVAL** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient needed further intervention?

- 1. Yes, documented further intervention needed
- 2. Documented no further intervention needed
- 99. No documentation regarding further intervention

# NODEPINT (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient refused further evaluation/treatment for depression?

- 1. Yes
- 2. No

#### DEPCARE (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient was already receiving recommended care for depression?

- 1. Yes
- 2. No

## **DECAROUT** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document the patient was to receive care for depression outside this VA?

- 1. Yes
- 2. No

## **DEPMHEVL** (MH)

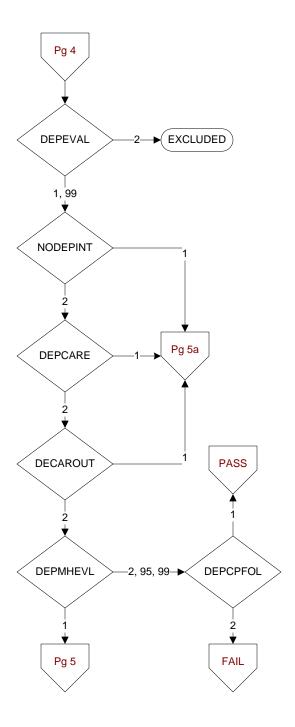
Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document that the patient needed a mental health evaluation?

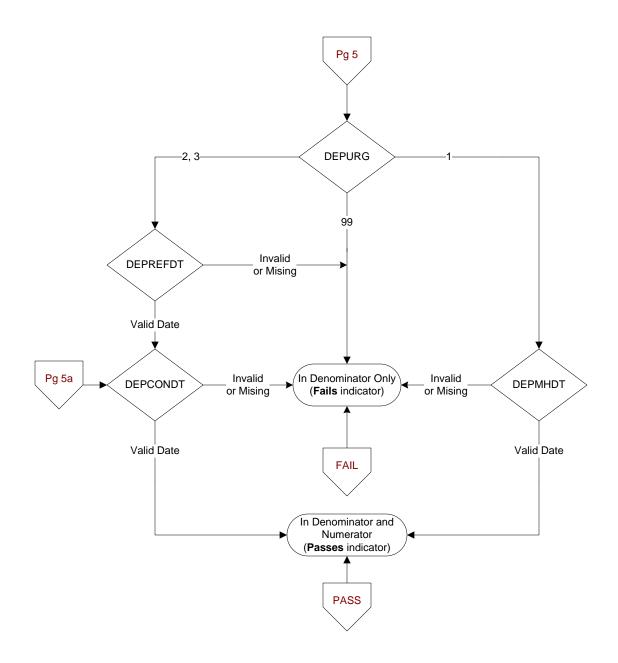
- 1. Yes, mental health evaluation needed
- 2. No mental health evaluation needed
- 99. No documentation regarding mental health evaluation

### **DEPCPFOL** (MH)

Did the licensed independent provider document that the patient will follow-up with a primary care provider?

- 1. Yes
- 2. No





#### **DEPURG** (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to question 9, did the provider document the urgency of the mental health evaluation?

- 1. Immediate/emergent mental health evaluation needed
- 2. Urgent mental health evaluation needed
- Non-urgent mental health evaluation needed
- 99. No documentation of urgency of care

## **DEPMHDT** (MH)

Enter the date the patient was <u>emergently</u> transferred to mental health care services.

### **DEPREFDT** (MH)

Enter the date the mental health consult was placed.

## **DEPCONDT** (MH)

Enter the date the provider documented contact information was provided to the patient.