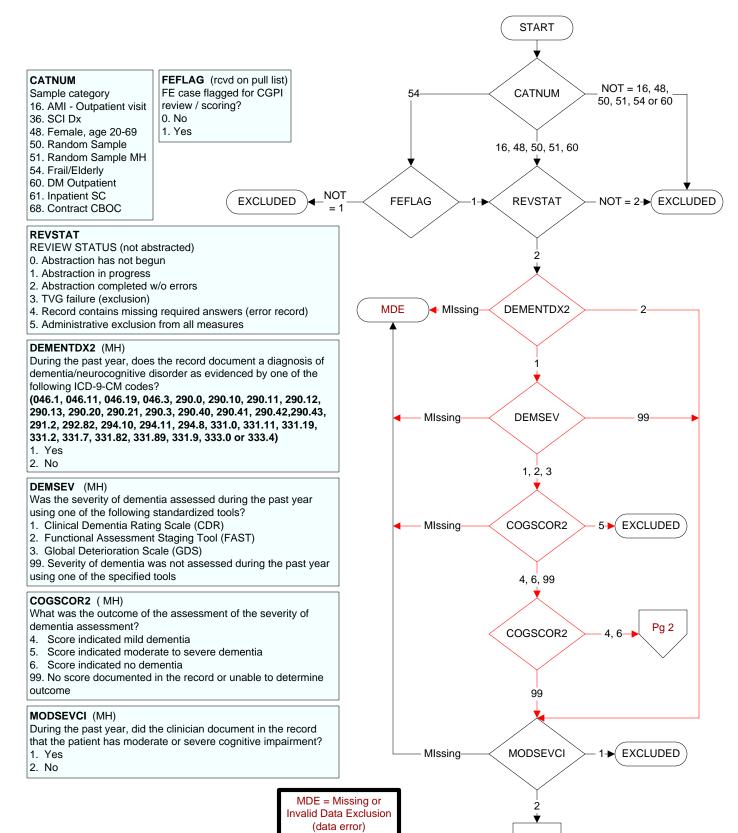
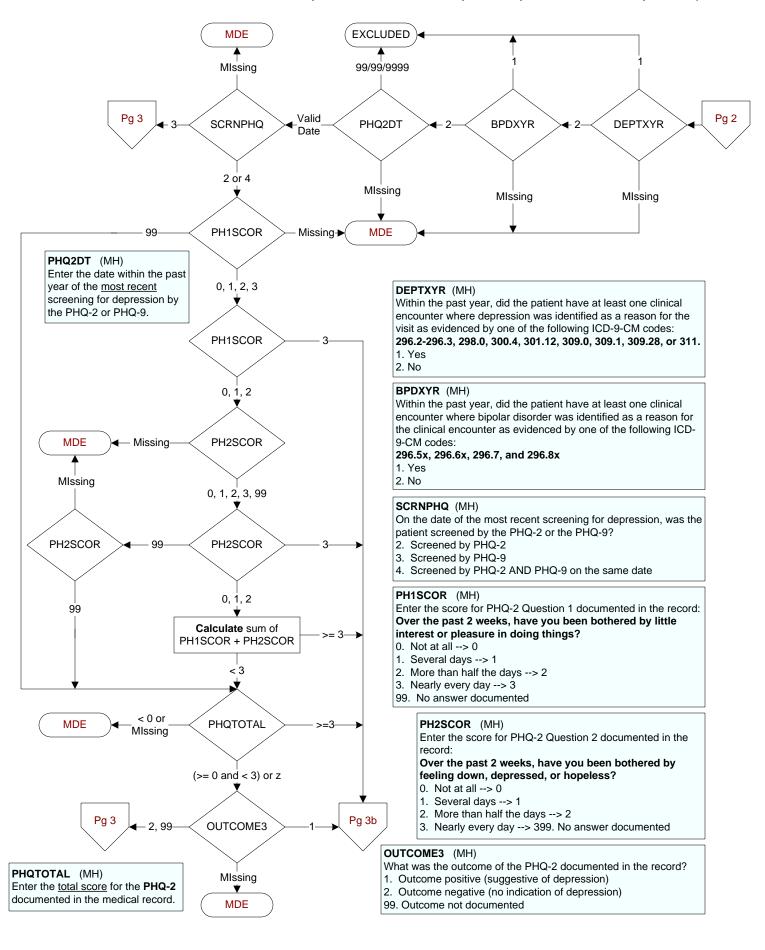
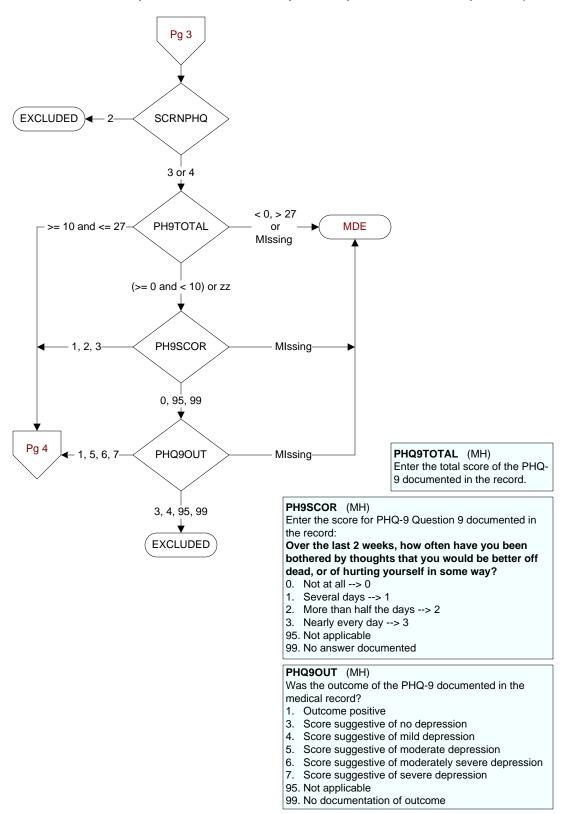
Pg 2







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)

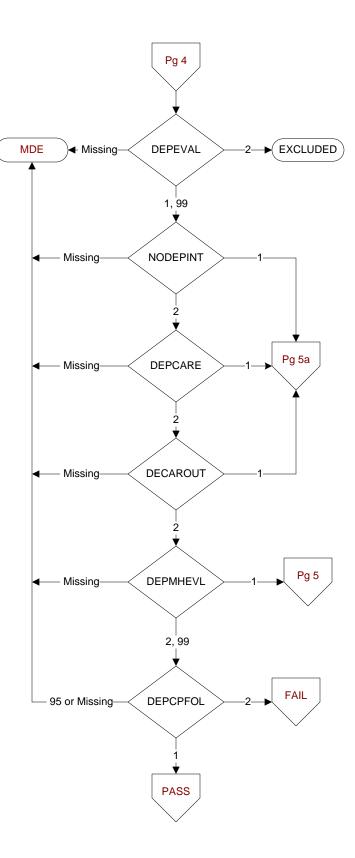
Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document that the patient needed a mental health evaluation?

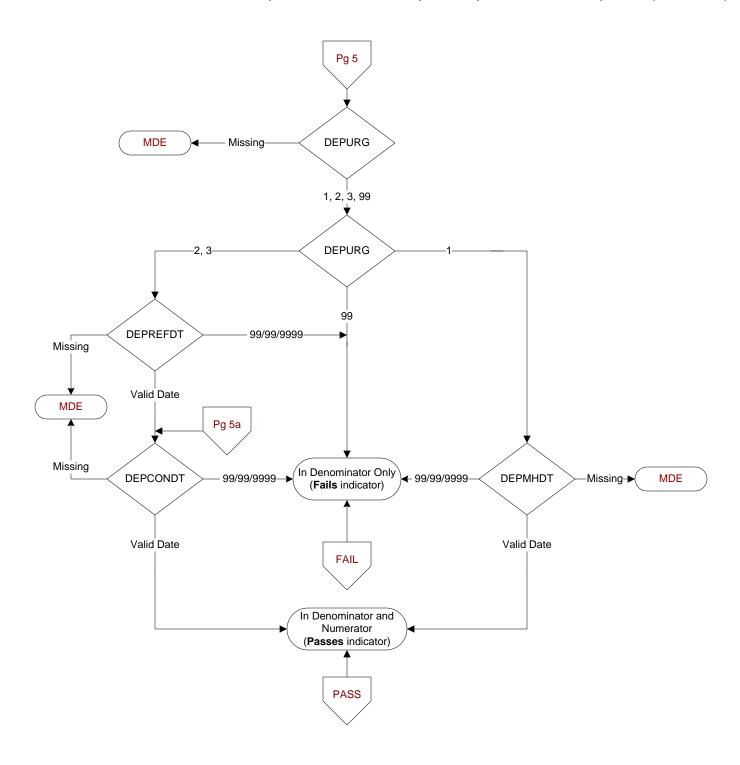
- 1. Yes, mental health evaluation needed
- 2. No mental health evaluation needed
- 99. No documentation regarding mental health evaluation

DEPCPFOL (MH)

Following the positive PHQ-2 or PHQ-9 or affirmative answer to PHQ-9 question 9, did the provider document that the patient will follow-up with a primary care provider?

- 1. Yes
- 2. No
- 95. Not applicable





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
- 3. 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.