

DEPRESSION ASSESSMENT REPORT

Claimant's Name: Claim No:

Biological

| Symptom/Sign | Severity | | | |
|--|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Early morning waking | | | | |
| Initial insomnia | | | | |
| Excessive unrefreshing sleep | | | | |
| Loss of appetite (or hyperphagia) | | | | |
| Loss of weight (or gain) | | | | |
| Loss libido | | | | |
| Diurnal mood variation (worse on waking) | | | | |
| Psychomotor retardation | | | | |

Appearance

| Symptom/Sign | Severity | | | |
|---|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Unkempt | | | | |
| Depressed facial appearance (downward gaze) | | | | |
| Reduced gestures | | | | |
| Tearfulness | | | | |
| Poor eye contact | | | | |

Speech

| Symptom/Sign | Severity | | | |
|--------------|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Slow | | | | |
| Hesitant | | | | |
| Monotone | | | | |

Intellect

| Symptom/Sign | Severity | | | |
|-----------------------------------|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Decreased attention/concentration | | | | |
| Poor memory | | | | |

Mood

| Symptom/Sign | Severity | | | |
|---|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Low/sad | | | | |
| Non-reactive mood (does not react to circumstances) | | | | |
| Lacks interest hobbies and other social activities | | | | |
| Anxiety, irritable, agitation | | | | |

Morbid/Pessimistic Thoughts

| Symptom/Sign | Severity | | | |
|---|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Concerned with past – unreasonable guilt/self blame | | | | |
| Pessimism | | | | |
| Low self esteem | | | | |
| Ideas hopelessness | | | | |
| Life not worth living | | | | |
| Suicide thoughts | | | | |

Psychotic

| Symptom/Sign | Severity | | | |
|--|-------------|------|----------|--------|
| | Not present | Mild | Moderate | Severe |
| Delusions | | | | |
| Hallucinations (often self derogatory) | | | | |
| Feelings of persecution | | | | |

Comments:

Doctors Signature

Doctors Name.....

Date: