Gateway Community Health Center, Inc.
Mental Health Progress Report-Health Promoter Follow-Up Form

Patient Name:________________________________  ID #_________________  Date: _____________

Time Started:_________________________ □Telephone  □Clinic  □Home  □Other ______________

*NOTE: Be sure to obtain information on treatment plan prior to initiating Follow Up.

Weekly Follow Up:

Are you feeling sad, depressed, or anxious?
☐ More than usual
☐ About the same
☐ Less than usual

What is the biggest thing troubling you right now? ___________________________________________

How are you dealing with it? ____________________________________________________________

If any of these are checked, contact provider immediately:

☐ Are you having any thoughts of harming yourself or of committing suicide? (Check if “yes”)  

☐ (If medication is prescribed) Are you having thoughts or feelings that are going much faster than usual, or “racing”? (Check if “yes”)  

☐ (If medication is prescribed) Are you sleeping two hours less than usual, and not being tired during the day? (Check if “yes”)  

If medication is prescribed, ask the following:

Have you filled the prescription for your medicine?  □Yes  □No

What medicine for depression are you taking?

How are you taking your medicine?

Are you having any side effects or problems from your medication?  □Yes  □No

Have you been going to your doctor or therapist appointments?  □Yes  □No

Monthly Follow Up:  Administer PHQ (See PHQ page)

Notes:
____________________________________________________________________________________
____________________________________________________________________________________

Follow Up/Action: _______________________________________________________________________
____________________________________________________________________________________

Health Promoter: ____________________________ Time Ended________________

Note: If the patient answers yes to any of the three questions refer patient immediately to the Emergency Room and/or call 911.