



# OB / GYNE

Associates of Lake Forest, Ltd.  
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## Annual Visit Questionnaire:

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Patient Health Questionnaire-2 (PHQ-2):

| Over the past 2 weeks, how often have you been bothered by any of the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1.) Little interest or pleasure in doing things   | 0          | 1            | 2                       | 3                |
| 2.) Feeling down, depressed or hopeless   | 0          | 1            | 2                       | 3                |

Score: \_\_\_\_\_  
M.A. Initials: \_\_\_\_\_

Are you under the care of a mental health professional: yes / no

If yes, please provide name: \_\_\_\_\_

The American College of Obstetrics and Gynecology (ACOG) has implemented routine screening for depression as part of well woman and perinatal visits. Ob-Gyn physicians have a unique and personal relationship with their patients. They have been chosen to screen women for depression to identify appropriate care and treatment.

### Social History Update: (Please circle)

1.) Are you currently: single / married / domestic partner / separated / divorced / widowed

2.) Are you sexually active: yes / no If yes, with: male / female / both

### Medication Changes:

Please list any **new medications** with the dosage below:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please list any specific concerns that you may have today below: