

PHQ-9 Screening

Over the last two weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Feeling down, depressed, or hopeless?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Trouble falling or staying asleep, or sleeping too much?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Feeling tired or having little energy?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Poor appetite or overeating?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Trouble concentrating on things, such as reading the newspaper or watching television?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?	Not at All	Several Days	More Than Half the Days	Nearly Every Day
Thoughts that you would be better off dead, or of hurting yourself in some way?	Not at All	Several Days	More Than Half the Days	Nearly Every Day

Select above options to calculate Score

None: 0 - 4
Mild: 5 - 9
Moderate: 10 - 14
Moderately Severe: 15 - 19

Once the screening is completed, complete the visit note and associate the billable CPT code to the note.

If the depression screening score was **nine or higher** 12 months earlier and is now **five or lower** at the current assessment, the patient may be counted toward this measure.

Workflow: Provider Visit > Coordination of Care > Hospice Referral

This measure has an exception for any patient who has received hospice services during the measure period. If the user documents a hospice referral in the Coordination of Care section within any visit, this will capture the information necessary to exclude the patient from the measure criteria.

Provider Visit

Visit and Demographics
Diagnosis and History
Chief Complaint
Review of Systems
Vital Signs
Physical Assessment
Supportive Assistance
Medications
Advance Care Planning and Goals
Coordination of Care
Narratives and Health Concerns
Assessment and Plan

Austin
82Martin, Lucas Fox T. PC090411
Male • 8 Years Old • [View Profile](#) • [View History](#) • [View Care](#) • [View Reports](#) • [View Billing](#) • [View Insurance](#) • [View Referrals](#) • [View Test Results](#) • [View Imaging](#) • [View Lab](#) • [View All](#)

Assigned to Martin, Sarah for 02/19/2026

Coordination of Care

☐ Skilled Nurse
☐ Palliative Provider
☐ Caregiver
☐ DME Company
☒ Referral to Hospice

☐ Medical Social Worker
☐ Specialist
☐ Legal Representative
☐ Ordering Medications, Tests and Procedures
☐ Other:

☐ Spiritual Counselor
☐ Home Health
☐ Nurse Practitioner
☐ Vendor
☐ Reporting Test Results:

☐ Facility Staff:
☐ Patient
☐ Pharmacy
☐ External Records Review:

[Infection Report](#)

Comments

Search for Template

Enter Care Coordination Details

Care Coordination Time (Minutes)

Enter Time in Minutes

Patient is Expired

Workflow: Patients > Patient Chart > Change Status > Deceased

OR

Patient has Diagnosis of Mental Health Disorder

Workflow: Patients > Patient Chart > Edit Profile > Health History > Add Problem > Mental Disorder