



CEP Providers - Youth Mental Health - Anxiety & Depression Initial Assessment Form

The Youth Mental Health: Anxiety & Depression Initial Assessment Form is designed to help family physicians and primary care nurse practitioners detect and manage anxiety and depression, two of the most common mental health disorders in youth aged 12-24 years. The tool was developed to help providers screen for anxiety and/or depression, diagnosis, and establish an initial treatment plan.

Accuro EMR User Tips & Tricks

Tip: to most efficiently work through this tool, we recommend that you have the Quick Action Patient Menu (CTRL + F10 keyboard shortcut) opened to quickly generate tasks, write prescriptions and book follow-up appointments.

The tool includes 5 sections:

- SECTION A: Screening
- SECTION B: Further Assessment
- SECTION C: Treatment Plan
- SECTION D: Follow-Up
- SECTION E: Patient / Family Resources

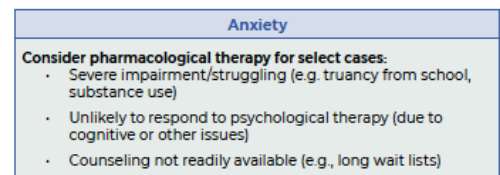
As you use the tool, you can keep track of your progress through the sections at the top of the page.

Throughout the tool, text that relates specifically to Anxiety are shaded in green.

For example:

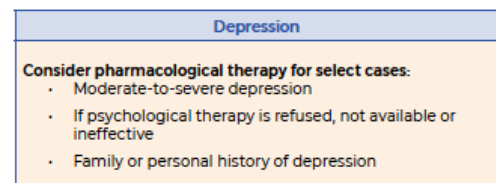


For example:




Throughout the tool, text that relates specifically to Depression are shaded in orange.

For example:

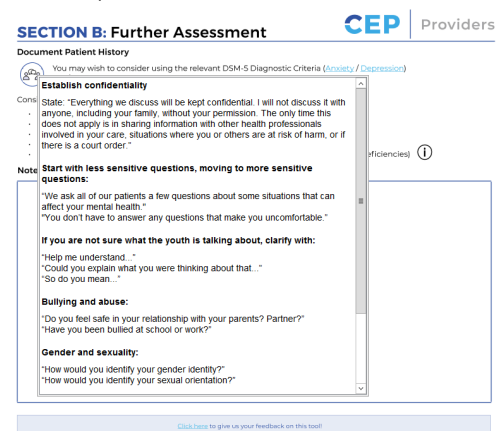


Throughout this form, conversation talking points are embedded in each section, as

indicated by a talking point icon  providing suggestions on how to engage the patient, and their family, in conversation.

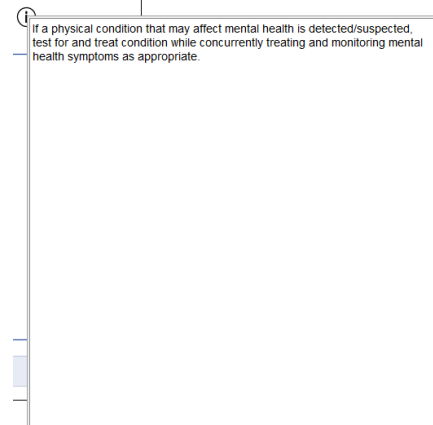
Scroll over and click the icon to view the talking points.

For example:



Throughout the tool, further information in each section as indicated by an info symbol ⓘ
 Scroll over and click the icon to view the talking points.

For example:



The PHQ-4 Screening Questionnaire will auto-calculate and populate the score to help you determine whether further assessment is required.

For example:

Use the Modified Patient Health Questionnaire (PHQ-4), below to screen your patient for anxiety and depression:

Ask the patient: Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Anxiety				
1. Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression				
3. Little interest or pleasure in doing things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anxiety score **3**

Depression score **3**

Tip: after completing the tool, consider printing the final section, Section E: Patient / Family Resource, as a handout for the patient/family.

[We're always looking to improve, click here to give us your feedback on this tool!](#)