



## Patient Care Plan Depression

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Recap of our discussion and plans:

- Your diagnosis is: \_\_\_\_\_
- We have discussed the medication below. If you have any unexpected side effects that concern you, contact us to discuss rather than stopping and waiting until the next appointment.
- You were offered a referral for psychotherapy; please contact \_\_\_\_\_
- Let us know if you are unable to make a timely appointment so that we can assist you.
- Please return here for a follow-up appt in:    1        2        3        4        6        8        12        weeks
- Alcohol limit:                      NO alcohol        |                      No more than 1-2 drinks per day
- You are encouraged to get regular exercise three times per week.
- Try to get six – eight hours of sleep each night. Regular sleep and wake times work better, around the same time every day.
- Sleep hygiene tips:
  - Avoid naps more than 30 minutes.
  - Avoid alcohol within 4 hours of bedtime.
  - Avoid caffeine within 10 hours of bedtime.
  - Avoid heavy exercise within 2 hours of bed.
  - Avoid nicotine within 4 hours of bedtime.
  - Don't watch TV or use computer in bed.
  - Reading in bed helps you relax.
  - If you keep thinking about things to do, make a list on paper before going to bed.
  - If you can't sleep within 20 minutes, get up and read something boring (no TV).
  - Use your bed only for sleep and sex.

### Safety Considerations

If new or increased suicidal ideation is felt, please immediately reach out to your doctor or proceed immediately to the emergency room. Even in the absence of true suicidal thinking, when a significant increase in agitation, restlessness, or irritability indicates urgent evaluation. In particular, active suicidal thinking, especially when accompanied by a specific plan, is a medical emergency.

### Notes:

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### Medication

### Dose

### Instructions

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This form is not a diagnostic instrument and is to be used solely within the context of your medical treatment with your physician or other health care provider. The maker and provider of this form disclaims any liability, loss, or risk incurred as a consequence, directly or indirectly, from the use and application of any of this material.