

MEDICAL RECORD - RESPECT-MIL PRIMARY CARE SCREENING

For use of this form, see MEDCOM Circular 40-20; The Surgeon General is the proponent.

TODAY'S DATE _____

The Army Surgeon General mandates that all Soldiers routinely receive the following primary health care screen.

Please check the best answer to each of the questions on this page. Enter your personal information at the bottom and return this page to the medic or nurse.

PATIENT HEALTH QUESTIONNAIRE:

Over the **LAST 2 WEEKS**, have you been bothered by any of the following problems?

1. Feeling down, depressed, or hopeless. Yes No

2. Little interest or pleasure in doing things. Yes No

Have you had any experience that was so frightening, horrible, or upsetting that **IN THE PAST MONTH**, you...

3. Had any nightmares about it or thought about it when you did not want to? Yes No

4. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes No

5. Were constantly on guard, watchful, or easily startled? Yes No

6. Felt numb or detached from others, activities, or your surroundings? Yes No

PATIENT IDENTIFICATION *(Please print.):*

NAME (Last, First, MI): _____

DOB: ____ / ____ / ____ Unit _____

Rank: _____ SSN: ____ - ____ - ____

Phone: (Home/Cell): _____

(Unit/Work): _____

Provider Assessment

SECTION I - RESPECT-MIL SCREENING

Mark ALL that apply

- RESPECT-MIL, screen neg (STOP -DONE unless other indicated)
- RESPECT-MIL, depress screen pos (1 or more of items #1-2 marked "YES") score PHQ-9+RISK
- RESPECT-MIL, PTSD screen pos (2 or more of items #3-6 marked "YES") score PCL+RISK

SYMPTOM ASSESSMENT REMARKS:

PHQ-9 Score _____ Risk Item "i" Score _____
 PCL Score _____ Risk Item 19 Score _____

SECTION II - RISK ASSESSMENT

IF RISK ITEM(S) POSITIVE, consider risk history, social support, substance use, and whether ideas are active, current, or involve planning, available means, or intent, THEN RATE RISK:

- LOW RISK ASSESSMENT REMARKS:
- INTERMED
- HIGH

SECTION III - DIAGNOSIS

- PTSD Depression
- Other Diagnoses: _____

SECTION IV - TREATMENT PLAN

List meds, follow-up, other:

- Patient given self-management educational material

SECTION V - DISPOSITION PLAN (Complete ONLY if positive or another indication - check all that apply)

IF REFERRAL MADE ▼

- To RESPECT-MIL
- To mental health
- To another resource (describe below)

IF NO REFERRAL ▼

- False pos screen (No Depression/PTSD present)
- RESPECT-MIL declined
- Already in RESPECT-MIL
- Mental health declined
- Already in mental health
- Already seeing another resource (described below)

NOTES:

Clinician (sign & stamp): _____

Date: _____