

**McLaren Print System Order**

**Order No: 60792 Reprint Previous Order No: 40561**  
**Order Date: 2021-03-03**  
**User: Jodi LaPlant**  
**Phone: 989-667-3410**

**Ship Location: WEST SIDE MED MALL ATTN: JODI LAPLANT SUITE 12**  
**4175 N EUCLID AVE SUITE 12**  
**BAY CITY, MI 48706**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 69580**  
**Dept Name: BAY NEUROSCIENCES**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-3882**  
**Item Description: Patient Health Questionnaire (PHQ-&#8208;2)**  
**Revision Date: 9/2018**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info: ss; black; bond**



Patient Health Questionnaire (PHQ-2)

Patient Name (First, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please answer the following questions.

Over the past 2 weeks, have you been bothered by any of the following problems?	Yes	No
1. Little interest or pleasure in doing things		
2. Feeling down, depressed or hopeless		

The PHQ questionnaire was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer, Inc.

Reviewed by:  
Provider's Signature (Required) \_\_\_\_\_ Date & Time (Required) \_\_\_\_\_