



**Pediatric & Adolescent
Medicine**

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Depression Screening
(Children)

Today's Date _____

DOES YOUR CHILD HAVE THESE FOLLOWING SYMPTOMS (mark with an "X" if yes)

Patient Name: _____ DOB: _____

- Persistent sad or irritable mood.....
- Loss of interest in activities once enjoyed.....
- Significant change in appetite or body weight.....
- Difficulty sleeping or oversleeping.....
- Not talking much/lack of interest in surroundings.....
- Loss of energy.....
- Feelings of worthlessness or inappropriate guilt.....
- Difficulty concentrating.....
- Recurrent thoughts of death or suicide.....
- Frequent vague, nonspecific physical complaints such as headaches, muscle aches, stomach aches, or tiredness.....
- Frequent absences from school or poor performance in school.....
- Talk about efforts to run away from home.....
- Outbursts of shouting, complaining, unexplained irritability, or crying.....
- Being bored.....
- Lack of interest in playing with friends.....
- Alcohol or substance abuse.....
- Social isolation, poor communication.....
- Extreme sensitivity to rejection or failure.....
- Increased irritability, anger, or hostility.....
- Reckless behavior.....
- Difficulty with relationships.....

Additional Comments: