

A3.10 CONCOMITANT TREATMENTS/NON DRUGS

This is to be completed at each visit. **Only non-medicinal therapies received for the participant's depression should be listed here.** Prompt questions include: Has (*participant*) seen a doctor since my last visit? Has (*participant*) stopped any of the following treatments? Has (*participant*) changed the frequency of any of the following treatments? Has (*participant*) started any new treatments? **Please note medications are listed on a separate form.**

Name of Therapy	Date Started (dd/mm/yyyy)	Date Stopped (dd/mm/yyyy)	Frequency	Indication /Reason	Staff Initials & Date	Continuing																
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