

Diving with Depression & Antidepressants Guideline Questionnaire.

Please answer all questions below, then sign the form & return to the medical referee.

Patients name, D.O, B. address, phone number

- 1. Please list all medication currently taken by the patient*

- 2. The date of starting the medication. Please confirm compliance with therapy.*

- 3. Please confirm that the depression has lifted, that patient is on maintenance therapy & has returned to normal daily life & work.*

- 4. Please confirm that there have been no upward mood swings*

- 5. If the patient has been withdrawn from medication please confirm that this was at least six weeks ago & that the patient's mental health is stable.*

Signed

Surgery Stamp