

PEI Outcome Measures Worksheet for Mental Health Integration Program (MHIP)

Focus of Treatment: Depression Trauma Anxiety

ADMINISTRATIVE INFORMATION

Client ID
Client Last Name Client First Name
Provider ID Name of EBP

BEGINNING OF TREATMENT INFORMATION

Therapist ID/Staff Code
Date of First Session
DSM IV Axis I Principle Diagnosis Code (Intake)

PRE-TREATMENT QUESTIONNAIRES

Note: All subscale scores are required to save information in the PEI Outcome Measures Application. Scores for all age-appropriate outcome questionnaires must be entered into the PEI Outcome Measures Application or identified as "Unable to Collect" and a reason must be provided.

Administration Date

	Total Score	If "Unable to Collect," enter number from below
PHQ-9	<input type="text"/>	<input type="text"/>
GAD-7	<input type="text"/>	<input type="text"/>
PCL-C	<input type="text"/>	<input type="text"/>

Reasons for "Unable to Collect"

1. Client in crisis
2. Client refused
3. Client unavailable
4. Invalid Outcome Measure
5. Not available in primary language
6. Therapist did not administer tool