

# 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**

## UPDATE TREATMENT QUESTIONNAIRE

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.

Check here if no update treatment information is being submitted.

**Administration Date**

**Total Score**

**If "Unable to Collect",  
enter number from below**

**PHQ-9**

**GAD-7**

**PCL-C**

### Reasons for "Unable to Collect"

1. Administered Wrong Forms
2. Administration Date Exceeds Acceptable Range
3. Client Refused
4. Client Unavailable
5. Invalid Outcome Measure
6. Not Available in Primary Language

## END OF TREATMENT INFORMATION

If this is the last update or the client did not complete EBP, please complete the section below.

**Date of Last Session**

**Total Number of Session(s)**

**Completed EBP?**

**Yes** (Set disposition to "Case Closed")

**No** (Check one of the dispositions below)

**Dispositions**

**Transferred to Tier 1**

**Unable to Contact**

**Withdrew**

**Arrested**

**Medical Hospitalization**

**Psychiatric Hospitalization**

**Moved**

**Deceased**

**DSV IV Axis I Principle Diagnosis Code (Termination)**