

OPTIONAL PEI OUTCOMES WORKSHEET
Crisis: Crisis Oriented Recovery Services (CORS)

ADMINISTRATIVE INFORMATION

Client ID	<input type="text"/>	Client First Name	<input type="text"/>
Client Last Name	<input type="text"/>	Therapist ID/NPI #	<input type="text"/>
Provider ID	<input type="text"/>		

END OF TREATMENT INFORMATION

Date of Last (EBP Treatment) Session Total Number of EBP Treatment Sessions

Completed EBP? Yes No If YES, Client's Treatment Success? Significant Partial

If Client COMPLETED EBP, Please Check One for Disposition

Began New EBP Linked to MHS at Another Agency Case Closed

Continued in Concurrent EBP Began Non-PEI MHS Linked to Non-MHS in Community

If Client DID NOT COMPLETE EBP, Please Check One for Disposition

New EBP with Different Focus Deceased Foster Care/Residential Placement

New EBP with Same Focus Psychiatric Hospitalization Continued in Concurrent EBP

Arrested Moved Linked to Non-MHS in Community

Detained by DCFS Unable to Contact Linked to MHS at Another Agency

Medical Hospitalization Withdrew Began Non-PEI MHS

END OF TREATMENT QUESTIONNAIRES

Outcome Questionnaire®
Clients Ages 19+

Admin. Date	<input type="text"/>
Symptom Distress (SD)	<input type="text"/>
Interpersonal Relations (IR)	<input type="text"/>
Social Role (SR)	<input type="text"/>
TOTAL SCORE	<input type="text"/>
If "Unable to Collect," Enter Number from Below	<input type="text"/>

Reasons for "Unable to Collect"

- Administered Wrong Form
- Administration Date Exceeds Acceptable Range
- Client Refused
- Client Unavailable
- Clinician not Trained in Outcome Measure
- Invalid Outcome Measure
- Lost Contact with Client
- Not Available in Primary Language
- Outcome Measure Unavailable
- Premature Termination
- Therapist did not Administer Tool