PRISM

Case Presentation Template
Established Patient

MRN

BRIEF ID *(name, age, sex/gender)*

TREATING PROVIDER *(to whom should the recommendation be sent?)*

LENGTH OF TIME IN COLLABORATIVE CARE

ENGAGEMENT WITH THE COLLABORATIVE CARE PROGRAM

REASON FOR INITIAL ENROLLMENT

CURRENT SYMPTOMS *(changes since last review – mood, affect, sleep, energy, memory, etc.)*

OUTCOME MEASURES – LAST TWO SCORES *(are scores increasing? decreasing?)*

	most recent		*previous to most recent*		
PHQ-9	SCORE:	DATE:	SCORE:	DATE:	↑ ↓
GAD-7	SCORE:	DATE:	SCORE:	DATE:	↑ ↓

SI/HI *(positive Q9? elaborate on nature of SI, along with safety planning and history)*

CURRENT PSYCHOTROPIC MEDICATIONS *(length, dose, efficacy, side effects, compliance)*

SUBSTANCE USE *(changes or new information since last review)*

MEDICAL CONDITIONS *(changes or new information since last review)*

PSYCHOSOCIAL CONCERNS *(changes or new information since last review)*

CURRENT TREATMENT PLAN *(next planned contact, psychoeducation provided, brief interventions, self-management plan, etc.)*

OTHER IMPORTANT DETAILS