

**MRN**

**BRIEF ID** (*name, age, sex, gender, pregnant/post-partum, gestational age, breastfeeding*)

**TREATING OBSTETRICIAN/PCP** (*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?*)

	<i>most recent</i>		<i>previous to most recent</i>		
<b>PHQ-9</b>	SCORE:	DATE:	SCORE:	DATE:	↑ ↓
<b>GAD-7</b>	SCORE:	DATE:	SCORE:	DATE:	↑ ↓

**SI/HI** (*positive PHQ-9 Q#9? elaborate on nature of SI, along with safety planning and history*)  
*If postpartum, thoughts of harming or wanting to leave the baby?*

**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**