# Client Workflow and Information Capture

*Workgroups 2 & 3 — Discussion Draft — offered as a starting point for committee review*

| Phase | Workflow Stage | Primary Information Source | Information Categories |
|---|---|---|---|
| BEFORE | **Referral & Entry** | Client / Referring Provider | Demographics, referral information, intake information, accessibility needs, informed consent documentation, and information that may be completed in advance by the client |
| BEFORE | **Assessment & Eligibility** | Clinician / Prescriber | Screening, diagnosis, eligibility determination, risk assessment, baseline measures, medical and psychiatric review, medication review, and treatment planning - selected materials (e.g., self-report measures, history questionnaires) may be completed by the client in advance or out of office |
| BEFORE | **Preparation** | Therapist / Preparation Team | Goals, intentions, preferences, boundaries, cultural and spiritual considerations, support planning, readiness for treatment, and discussion of hopes, concerns, and expectations |
| SESSION | **Administration** | Facilitator / Clinical Team | Planned dose, dose administered, additional dose(s) administered (if applicable), session observations, accommodations provided, support interventions, safety concerns, notable events, and cultural or spiritual elements incorporated into treatment (e.g., music, language, ceremonial elements, spiritual supports, environmental modifications) |
| AFTER | **Early Follow-Up** | Facilitator / Therapist | Immediate wellbeing, support needs, emerging concerns, early reflections, memories, emotions, insights, observations, and experiences that may be most accessible shortly after treatment |
| AFTER | **Integration** | Therapist | Integration themes, meaning-making, challenging experiences, significant life changes, emerging concerns, referrals, and ongoing support needs |
| AFTER | **Outcome Monitoring** | Client and Provider | Outcome measures, client feedback, adverse events, serious adverse events, longitudinal follow-up, and quality improvement data - the input to the harm-reduction / continuous improvement loop |

*Guiding principle: information is captured at the point in care where it naturally arises, by the person best positioned to provide it.*