



Provincial Health Services Authority

## Patient Reported Information and Symptom Management Change Request Form

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Site: \_\_\_\_\_

Phone and email: \_\_\_\_\_

Current question(s) or page to be changed:

Proposed change:

Reason(s) for Request:

Evidence to support reason for request:

Email completed form to [patientexp@bccancer.bc.ca](mailto:patientexp@bccancer.bc.ca)

**PRISM Working Group Use Only:**

Form complete and logged:  Yes  No Date: \_\_\_\_\_

If incomplete, provide reason:

Discussed at review committee meeting:  Yes  No Date: \_\_\_\_\_

Request accepted:  Yes  No Date: \_\_\_\_\_

If denied, provide reason:

Request requires additional information: