

## TERMINATION SUMMARY / FINAL NOTE V2

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Referral Source, Reason For Referral and Presenting Problem

Reason For Termination

Clinical Resume (Termination Summary Only)

Medication Profile And Descriptor

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Name:

PARIS ID:

### Allergies - Current

*Content may have been entered/updated after assessment completed.*

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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### Substance Use

Substance Use:

☐

Not Assessed

☐

No Identified Issues

# Days

of Use

Age at

Primary

Date Last

in Last

Typical Day

First

Problem Substance

Primary Route

Used

30 Days

Amt Used

Use

Current Pattern

Stage of Change

☐ Alcohol

☐ Non-beverage Alcohol

☐ Tobacco

☐ Cannabis

☐ Crack Cocaine

☐ Cocaine

☐ Heroin

☐ Opioids:

☐ Opioids:

☐ Benzos:

☐ Benzos:

☐ Crystal Meth

☐ Amphetamines

☐ Club Drugs:

☐ Hallucinogens:

☐ Inhalants:

☐ Over-the-Counter Drugs (excluding codeine):

☐ Other Prescription Drugs (excluding opioids):

☐ Other:

☐ Other:

Has client shared needles with other users within the last 30 days?

☐ Yes

☐ No

☐ Unknown

☐ Not Applicable

### Substance Use Comments

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### HoNOS: Adult and 65+ [MRR]

HoNOS Score Sheet- Adult and 65+

Health of the Nation Outcome Scales (HoNOS) © Royal College of Psychiatrists 1996;

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999

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Severity  
(0-4,9)

### HoNOS: Adult and 65+

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problems drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems  
Disorder (A B C D E F G H I or J):  
Specify:
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

### HoNOS Comments

### Recommendations

### Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Name:

PARIS ID:

Other People Involved

Copies To Be Sent To:

### Other Authorizers

Other Authorizer:

Date:

Other Authorizer:

Date:

### Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

-----End of Report -----