

**ABORIGINAL WELLNESS PLAN CASENOTE**

<b>Name:</b>		<b>PARIS ID:</b>	
<b>DOB:</b>	<b>Age:</b>	<b>Team Name:</b>	
<b>Gender:</b>		<b>Casenote Date:</b>	
<b>PHN:</b>			

**Reason:** \_\_\_\_\_ **Staff Member:** \_\_\_\_\_

**Wellness Plan**

Recorded By \_\_\_\_\_ Date Recorded \_\_\_\_\_

Goal

Mental       Physical       Spiritual       Emotional

Goal Date \_\_\_\_\_

Goal Rating \_\_\_\_\_ Goal Status \_\_\_\_\_

Comments: \_\_\_\_\_

**Progress Indicators**

Recorded By \_\_\_\_\_ Date Recorded \_\_\_\_\_

Progress Type \_\_\_\_\_

Comments: \_\_\_\_\_

**Linked Needs**

**Need** \_\_\_\_\_ **Identified On** \_\_\_\_\_

**Casenote**

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

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