

ACUTE DISCHARGE NOTE

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

Casenote Date: _____ **Team Name:** _____
Casenote Reason: _____ **Staff Member:** _____

Discharge Notes

Belongings handed off? YES NO
 GP notified? YES NO
 MH care provider notified? YES NO NA
 Family Notified? YES NO
 Extended Leave? YES NO
 Extended Leave Date Initiated: _____ Annual Review Date: _____
 Completed Forms 4(1st) 4(2nd) 5 6 13 15 20
 Disposition: _____

Follow Up Care:

Mental Status on Discharge:

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Medication Reconciliation given to patient? YES NO If No, Reason:

Discharge Prescription List given to client? YES NO If No, Reason:

Sent to: Community Pharmacy GP/NP MH Team Private Psychiatrist
 Other:

Medications - including depot medications given and next due date:

Casenotes

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

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