

**ADULT ASSESSMENT**

<b>Name:</b>		<b>PARIS ID:</b>
<b>Date of Birth:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		<b>Physician:</b>
		<b>School Name:</b>

**Assessment Start Date:**

**Assessment End Date:**

**Adult Assessment**

Assessed On:

Time:

Contact Type:

**Assessment Items**

Access To And Use of Health Care:

Chronic / Acute Illness:

Communicable Disease and Immunization:

Mouthcare / Dental:

Breast/Breastfeeding:

Nutrition:

BMI:

Sexual Health:

Coping and Self-Management:

Mental Health:

Activity and Rest:

Tobacco Use:

Alcohol Use:

Substance Use:

Family Function / Parenting:

Support Systems:

Intimate Partner Violence:

Community Resources:

Employment and Finances:

Housing:

Environmental Hazards:

Other:

Assessed By:

**ADULT ASSESSMENT**

Name:	PARIS ID:
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**Other People Involved**

**Copies To Be Sent To**

**Casenotes**

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

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