Vancouver Coastal Health
Promoting wellness. Ensuring care.

PARIS PRIMARY ACCESS Regional Information System

AMBULATION AND MOBILITY AIDS

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

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Equipment

	Right	**Left**
Cane		
Crutches		
Walker		

Comments (walker, crutches):

Orthosis ☐ Right ☐ Left ☐ Footwear Issues

Comments (Type, Model, Footwear Details, AFO):

Clinical Assessment

Assistance Required

	Right	**Left**
Weight Bearing Orders		

Comments (actual weight bearing ability):

Gait Observation (posture, pattern, speed, etc.):

Endurance (distance walked, response to activity)
Environment (terrain, indoor, outdoor):

AMBULATION AND MOBILITY AIDS

Name:	PARIS ID:

Stairs

	Interior	Exterior
Number		
Hand Rail		
Pattern		
Assistance Required		

Stairs Comments (indoor, outdoor, lifts, elevators):

Needs

Need	Post to C/P	Processed	Comments

Casenotes

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

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