



PARIS DOWNTIME MANUAL CASE NOTE FORM - MENTAL HEALTH

For Manual Procedures in the Event of a PARIS System Downtime

Client Name:				
PARIS ID Number:				
Date:				
Staff Name:				
Case Note Type: (Select One from the List Below)				
Progress Note	Rehabilitation Note			
Case Note Reason: (Select One from the List Below)				
 Addendum to Closed Referral Case Conference Client Contact – Outreach Visit Committal Extended Leave Review Hospital Note Medication Review Observation Note (Richmond Outpatient, Vis) No Show 	 Brokerage / Collateral Contact Client Contact – Office Visit Client Contact – Phone Call ECT Family/Significant Other Contact Medication Administration Venture Note and Venture Only) Cancellation 			

Case Note Documentation (Write Note Here – Add Page as Required)

Case Note Continued:





Is this the first Face-to-Face contact with the client:	Yes	No	
List any Treatment Plan Needs this Case Note relates to:			
MH Minimum Reporting Requirements (Select All that Apply to this Case Note):			

Short Term Assessment / Treatment	
Individual Session	

Group	Sess	sion

- Family Session
- Education
- Crisis Intervention

Medication	Review

Medication Review
 Medication Administration
 Case Work Management

- Supported Independent Living Program
- Community Living Outreach Services

Home Support

Please indicate when the information from this Form has been entered into PARIS: Note: Once downtime information has been entered in PARIS, discard this working sheet.