

CONSULT V2

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

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

Referring Source And Presenting Problem

Include the name of the referring agent and any description of the presenting problems described by the referral source, the client and others concerned.

History of Presenting Problem

Include a description of the onset and development of the presenting problems, fluctuations in their severity and their impact on the individual's life and environment. Identify collateral information as such. Include other professionals and agencies and their involvement.

Medical History

Include a description of medical history (childhood and adult), surgical history (childhood and adult), accidents (including brain injuries), obstetrical history (as applicable), medications (current and past) and substance abuse (current and past).

Allergies - Current		<i>Content may have been entered/updated after assessment completed.</i>			
Date Entered	Allergen	Category	Source	Reaction	Reaction Details

Psychiatric History

Include a description of past psychiatric illness including hospitalizations.

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Family History

Include family background, family strengths, description of each parent, description of siblings and family history of mental illness.

Personal History

Include significant infancy and childhood milestones (including separations), educational history, vocational history, social history, relationships, present lifestyle and circumstances, forensic and legal history, abuse or neglect, history of self/harm/suicidal ideation.

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service [MRR]:

- Yes, indicated by client _____ No _____
- Yes, indicated by other trusted source _____ Unknown/not asked _____

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours [MRR]:

- Yes, indicated by client _____ No _____
- Yes, indicated by other trusted source _____ Unknown/not asked _____

Pregnancy [MRR]

Date Recorded	N/A	Currently Pregnant?	Pregnancy in the last two years?	Recorded By	Team Name
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Parenting [MRR]

Date Recorded	Currently Parenting?	Recorded By	Team Name
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Mental Status

Include general appearance and presentation, psychomotor behaviour, speech, affect and mood, intellectual performance and thought content.

Diagnostic Impression

Include the writer's initial formulation of the relevant dynamics and particular strengths, which may be utilized in treatment. Indicate any additional information required.

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Intervention/Plan

Specify goals for treatment and rehabilitation, including client's formulation of his or her goals, degree of client's agreement and motivation and anticipated length of therapeutic involvement.

Comments

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Other People Involved

Copies To Be Sent To:

Other Authorizers

Other Authorizer:	Date:
Other Authorizer:	Date:

Authorization Details

Carried Out By:	Date:
Closing Authorizer:	Date:

Notes:

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

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