

CRISIS STABILIZATION DISCHARGE SUMMARY

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

Assessment Start Date:
Reason For Assessment:

Assessment End Date:
Carried Out By:

Referral Information

GP/NP:	First Name:
GP Phone:	Last Name:
Referral Source:	Description:

Reason for Referral

Treatment Objective

Needs

Need	Post to C/P	Processed	Comments
------	-------------	-----------	----------

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
------	----------------	-----------	-------	--------	----------

CRISIS STABILIZATION DISCHARGE SUMMARY

Name:	PARIS ID:
-------	-----------

Referral Details

Risk	Yes	No		Yes	No
AWOL Risk	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Behaviours	<input type="checkbox"/>	<input type="checkbox"/>
Physical Violence	<input type="checkbox"/>	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	<input type="checkbox"/>
Impulsivity	<input type="checkbox"/>	<input type="checkbox"/>	Threats	<input type="checkbox"/>	<input type="checkbox"/>
Falls Risk	<input type="checkbox"/>	<input type="checkbox"/>			

If answering yes to any item above, enter details in comment section below.

Comments About Risk

Medical Concerns	Yes	No		Yes	No
Medical concerns causing decompensation	<input type="checkbox"/>	<input type="checkbox"/>	Other physical health problems	<input type="checkbox"/>	<input type="checkbox"/>

Comments About Health Concerns

Suicidality	Yes	No
Suicidal (present)	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal (past)	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Yes, indicated by client	<input type="checkbox"/> No
<input type="checkbox"/> Yes, indicated by other trusted source	<input type="checkbox"/> Unknown/not asked

Comments About Suicidality

Misc. Information	Yes	No
Client needs downstairs bed?	<input type="checkbox"/>	<input type="checkbox"/>
Estimated length of stay		

General Comments

CRISIS STABILIZATION DISCHARGE SUMMARY

Name:	PARIS ID:
-------	-----------

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

Substance Use [MRR]

Substance Use: Not Assessed No Identified Issues

Prim	Substance	Primary Route	Date Last Used	# Days of use in last 30 Days	Typical Day Amt Used	Age at First Use	Current Pattern	Stage of Change

- Alcohol
- Non-beverage Alcohol
- Tobacco
- Cannabis
- Crack Cocaine
- Cocaine
- Heroin
- Opioids:
- Opioids:
- Benzos:
- Benzos:
- Crystal Meth
- Amphetamines
- Club Drugs:
- Hallucinogens:
- Inhalants:

- Over-the-Counter Drugs (exc. codeine):

- Other Prescription Drugs (exc. opioids):

- Other:

- Other:

Has client shared needles with other users within the last 30 days? Yes No Unknown Not Applicable

CRISIS STABILIZATION DISCHARGE SUMMARY

Name:	PARIS ID:
-------	-----------

Substance Use Comments

Enter details about substance use. Include potential for withdrawal.

HoNOS: Adult and 65+ [MRR]

HoNOS Score Sheet- Adult and 65+

Health of the Nation Outcome Scales (HoNOS) © Royal College of Psychiatrists 1996;

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999

Used with permission of the Royal College of Psychiatrists

HoNOS: Adult and 65+

Severity

(0-4,9)

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problems drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems
Disorder (A B C D E F G H I or J):
Specify:
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

HoNOS Comments

Response To Treatment Plan

CRISIS STABILIZATION DISCHARGE SUMMARY

Name:	PARIS ID:
-------	-----------

Medications On Discharge

Depot Meds YES NO Date of Next Injection
CSAN # Blood Work Due Date

Discharge Plan

Recommendations (If Any)

Duty Doctor/Certification Detail

Visited by Duty Doctor during admission YES NO Number of Visits
Extended Leave YES NO Next Renewal Date
Medical Certificates Completed NO Certified Extended Leave Recall

Other People Involved

Copies To Be Sent To:

CRISIS STABILIZATION DISCHARGE SUMMARY

Name:	PARIS ID:
-------	-----------

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 -----