

**PARIS MANUAL DOWNTIME DISCHARGE FORM – ALL PROGRAMS**

For Manual Procedures in the Event of a PARIS System Downtime

<b>DISCHARGE For Referral #:</b>			
<b>Client Name:</b>		<b>PARIS ID #:</b>	
<b>Team:</b>			
<b>Date of Discharge:</b>		<b>Time:</b>	
<b>Discharged by:</b>			
<b>REASON FOR DISCHARGE:</b>			
Administratively D/C	<input type="checkbox"/>	Advised to Seek Other Services	<input type="checkbox"/>
Not Eligible for Services	<input type="checkbox"/>	Client Declined Services	<input type="checkbox"/>
Client has Died	<input type="checkbox"/>	Completed Program	<input type="checkbox"/>
Duplicate Record	<input type="checkbox"/>	Education Provided	<input type="checkbox"/>
Entered in Error	<input type="checkbox"/>	Lost to Contact	<input type="checkbox"/>
New Referral Required	<input type="checkbox"/>	No Further Service Required	<input type="checkbox"/>
Other	<input type="checkbox"/>	Referred to Other Service	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	Terminated Against Staff Advice	<input type="checkbox"/>
Transferred See Destination	<input type="checkbox"/>		
<b>DISCHARGE DESTINATION:</b>			
Maple Cottage	<input type="checkbox"/>	Acute Care Hospital	<input type="checkbox"/>
Client's Home	<input type="checkbox"/>	Community Resource	<input type="checkbox"/>
Emergency Shelter	<input type="checkbox"/>	Facility	<input type="checkbox"/>
Family Doctor	<input type="checkbox"/>	Family / Friend	<input type="checkbox"/>
Forensic Psychiatric Service	<input type="checkbox"/>	Harbour Light Detox	<input type="checkbox"/>
Hosp - Burnaby	<input type="checkbox"/>	Hosp – Womens & Children's	<input type="checkbox"/>
Hosp – Lionsgate	<input type="checkbox"/>	Hosp - MSJ	<input type="checkbox"/>
Hosp - Richmond	<input type="checkbox"/>	Hosp - Riverview	<input type="checkbox"/>
Hosp – St. Paul's	<input type="checkbox"/>	Hosp - UBC	<input type="checkbox"/>
Hosp - VGH	<input type="checkbox"/>	Hosp – Out Pt Program	<input type="checkbox"/>
Jail	<input type="checkbox"/>	MCFD	<input type="checkbox"/>
Moved out of Health Area	<input type="checkbox"/>	Other	<input type="checkbox"/>
Police Department	<input type="checkbox"/>	Private Psychiatrist	<input type="checkbox"/>
Private Service	<input type="checkbox"/>	Referred on to other Team	<input type="checkbox"/>
Rehab Hospital	<input type="checkbox"/>	Residential Treatment	<input type="checkbox"/>
School Counselor	<input type="checkbox"/>	STAT Centre	<input type="checkbox"/>
Support Recovery	<input type="checkbox"/>		<input type="checkbox"/>
<b>OPEN ASSESSMENTS:</b>			
<b>Assessment Date</b>		<b>Assessment Type</b>	
<b>OPEN NEEDS (From Care Plan)</b>			
<b>Description of Need</b>		<b>Date Need Met</b>	<b>Date Need not Met On</b>

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.**