

TERMINATION SUMMARY / FINAL NOTE V2

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

Assessment Start Date:

Assessment End Date:

Carried Out By:

Referral Source, Reason For Referral and Presenting Problem

Reason For Termination

Clinical Resume (Termination Summary Only)

Medication Profile And Descriptor

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Name:

PARIS ID:

Allergies - Current

A / S	Date Entered	Allergen	Reaction	Comment
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Substance Use

Substance Use:

☐

Not Assessed

☐

No Identified Issues

Primary Problem	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
<input type="checkbox"/>	Alcohol							
<input type="checkbox"/>	Non-beverage Alcohol							
<input type="checkbox"/>	Tobacco							
<input type="checkbox"/>	Cannabis							
<input type="checkbox"/>	Crack Cocaine							
<input type="checkbox"/>	Cocaine							
<input type="checkbox"/>	Heroin							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Crystal Meth							
<input type="checkbox"/>	Amphetamines							
<input type="checkbox"/>	Club Drugs:							
<input type="checkbox"/>	Hallucinogens:							
<input type="checkbox"/>	Inhalants:							
<input type="checkbox"/>	Over-the-Counter Drugs (excluding codeine):							
<input type="checkbox"/>	Other Prescription Drugs (excluding opioids):							
<input type="checkbox"/>	Other:							
<input type="checkbox"/>	Other:							

Has client shared needles with other users within the last 30 days?

☐ Yes

☐ No

☐ Unknown

☐ Not Applicable

Substance Use Comments

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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

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Severity
(0-4,9)

HoNOS: Adult and 65+

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

Recommendations

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Name:

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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 -----