Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

GROUP NOTE - DIABETES GROUP

Name:		**PARIS ID:**	
DOB:	**Age:**	**PHN:**	
Gender:		**Phone:**	
PHN:		**Team Name:**	

Casenote Date: **Reason:** **Staff Member:**

Group Name

Group Name: Group ID:

Group Attendance

☐ Present ☐ Absent

Today's Contact Information for MRR

Contact #1 Service Delivery Setting:

Contact Type: Duration: hr Min

Group Session Information

Facilitator

☐ Staff ☐ Peer ☐ Volunteer

Staff 1: Staff 2:

Guest Speaker:

Guest Speaker Type:

Meeting Details

☐ Day ☐ Evening ☐ Weekday ☐ Weekend

Individual Information Section - Blood Glucose

Enter data into the individual information sections only after the case note has been copied to the group.
These sections refer to the individual client, not the whole group.

Blood Glucose Test - On Site

AC (Before Meal): mmol/L PC (After Meal): mmol/L Carbohydrate Intake: grams

Glucometer Provided: ☐ Model:

Individual Information Section - Vital Signs

Blood Pressure

Sitting: / mm/Hg Standing: / mm/Hg

Lying: / mm/Hg

Staff: Date:

GROUP NOTE - DIABETES GROUP

Name:	PARIS ID:

Individual Information Section - Body Measurements

Metric:				Imperial:			
Weight:	Kg.			Weight:	lbs.		oz.
Height:	cm.			Height:	ft.		in.
Waist:	cm.	Hip:	cm.	Waist:	in.	Hip:	in.
BMI				Waist-to-Hip Ratio			
Staff:				Date:			

Casenote

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