Vancouver CoastalHealth

PARIS PRIMARY ACCESS Regional Information System

PARIS MANUAL DOWNTIME REFERRAL FORM – HOME HEALTH

For Manual Procedures in the Event of a PARIS System Downtime

Client Last Name	**First Name**	**PARIS ID**
Team		**Referral date (dd/mm/yyyy)**
Referral Reason		
Referral Source and Details		
☐ **Client Aware** ☐ **Family Aware**	**Priority**	
Priority Reprioritization Details (Date, Priority and Reason)		**Group Name**
Diagnosis	**State**	**Person aware of Diagnosis?**
Current Location		
Referral Medication		
Referral Notes: Current Health State and Clinical Factors		
Create Task(s)		
Allocation(s)		

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Additional Information Referral Casenotes

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.