Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

INTERDISCIPLINARY ASSESSMENT

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

Assessment Start Date: **Assessment End Date:**
Reason For Assessment: **Carried Out By:**

Type of Assessment: ☐ Interdisciplinary Assessment ☐ Interdisciplinary Assessment - Palliative Version
☐ Indicate if assessment is for an Ambulatory Client

Summary - Screening

Areas of Concern

A. PHYSICAL STATUS

- ☐ **Cardiorespiratory**: problems breathing and/or coughing; chest pain, dizziness, or heart problems
- ☐ **Gastrointestinal**: nausea, vomiting, or reflux; bowel problems, e.g. diarrhea, constipation, incontinence, ostomy, tube/drain
- ☐ **Genitourinary**: bladder problems, e.g. frequency urinating, urgency, catheter, nocturia, incontinence, ostomy, tube/drain
- ☐ **Metabolic**: problems maintaining blood sugar level, e.g. hyperglycemia, hypoglycemia
- ☐ **Musculoskeletal**: issues completing normal activities because of weakness, problems moving limbs
- ☐ **Neurological**: issues with dizziness, weakness, seizures, coordination, tingling or numbness
- ☐ **Oral Health**: concerns about teeth
- ☐ **Pain Management**: any pain or discomfort
- ☐ **Skin Integrity**: skin condition, wound, incision, tube/drain, edema, or rash

B. MEDICATIONS

- ☐ **Medication Management**: prescription meds including IV meds, or non-prescription meds including vitamins, minerals, and herbal remedies; any diffculties managing meds

C. NUTRITIONAL STATUS

- ☐ **Eating Habits**: food/fluid intake declined over last three months due to loss of appetite or digestive problems; on a tube feed
- ☐ **Swallowing and Chewing**: trouble swallowing or chewing
- ☐ **Weight Change**: unintentional weight loss or gain in the last 6 months

D. FUNCTIONAL STATUS

- ☐ **Activities of Daily Living**: problems independently eating, bathing, dressing, toileting or maintaining hygiene; adequate sleep
- ☐ **Communication Abilities**: problems understanding others or making themselves understood; concerns with hearing
- ☐ **Instrumental ADLS**: trouble with household work, such as cleaning, laundry, shopping, making meals, using the phone, finances, or transportation; concerns about driving
- ☐ **Mobility**: problems moving around; difficulty getting in/out of bed, the bathtub or on/off the toilet; falls in the past 90 days
- ☐ **Vision**: problems with vision
- ☐ **Vocation and Leisure**: problems with work, school, or leisure

E. MENTAL HEALTH AND COGNITION

- ☐ **Cognition/Perception**: concerns about memory, concentration, planning, or problem-solving
- ☐ **Mental Health**: concerns about mood, anxiety or behaviour; delusional thoughts or hallucinations

F. PSYCHOSOCIAL STATUS

- ☐ **Adult Protection**: risk of abuse, neglect, or self-neglect
- ☐ **Advance Care Planning**: needs advance care plan
- ☐ **Cultural/Spiritual**: beliefs and preferences regarding care
- ☐ **Housing and Income**: enough money for food, housing, medical care, and other basic needs (clothing, transportation); problems regarding current living situation
- ☐ **Relationships and Supports**: concerns about living alone; has someone to help when needed
- ☐ **Substance Use**: concerns regarding use of tobacco, alcohol, or other substances

Name:	PARIS ID:

Client/Caregiver Goals of Care

Relevant Medical History

Clinician's Summary

Name:	PARIS ID:

A. Physical Status

Cardiorespiratory

☐ See Supplemental Assessment Comments:

- ☐ Chest Sounds
- ☐ Shortness of Breath
- ☐ Productive Cough
- ☐ Tracheostomy Management
- ☐ Pacemaker/Venticular Device
- ☐ O2 Management
- ☐ Chest Discomfort
- ☐ Palpitations
- ☐ Fainting
- ☐ Congestions/Secretions
- ☐ Hiccoughs
- ☐ Weight
- ☐ Edema
- ☐ Superior Vena Cava (SVC) Syndrome
- ☐ Terminal Bleed
- ☐ Tubes/Drains
- ☐ Other (specify):

Gastrointestinal

☐ See Supplemental Assessment Comments:

- ☐ Vomiting
- ☐ Reflux
- ☐ Nausea
- ☐ Diarrhea
- ☐ Bowel Incontinence
- ☐ Ostomy Management
- ☐ Constipation
- ☐ Bloating
- ☐ Tubes/Drains
- ☐ Ascites
- ☐ Malignant Bowel Obstruction
- ☐ Other (specify):

Name:	PARIS ID:

Genitourinary

☐ See Supplemental Assessment Comments:

- ☐ Frequency
- ☐ Urinary Incontinence
- ☐ Catheter
- ☐ Urinary Retention
- ☐ Urinary Tract Infections
- ☐ Nocturia
- ☐ Urgency
- ☐ Ostomy Management
- ☐ Tubes/Drains
- ☐ Bladder Spasm
- ☐ Other (specify):

Metabolic

☐ See Supplemental Assessment Comments:

- ☐ Hyperglycemia
- ☐ Hypoglycemia
- ☐ Hypercalcemia
- ☐ Other (specify):

Musculoskeletal

☐ See Supplemental Assessment Comments:

- ☐ Muscle Strength
- ☐ Range of Motion
- ☐ Bony Metastasis
- ☐ Other (specify):

Neurological

☐ See Supplemental Assessment Comments:

- ☐ Dizziness
- ☐ Weakness
- ☐ Seizures
- ☐ Sensation
- ☐ Coordination
- ☐ Tone/Spasticity
- ☐ Headaches
- ☐ Restlessness
- ☐ Spinal Cord Compression
- ☐ Other (specify):

Name:	PARIS ID:

Oral Health

☐ See Supplemental Assessment Comments:

- ☐ Bleeding/Sore Gums
- ☐ Regular Check-Ups
- ☐ Thrush
- ☐ Other (specify):

Pain Management

☐ See Supplemental Assessment Comments:

- ☐ Control
- ☐ Quality
- ☐ Location
- ☐ Timing
- ☐ Severity
- ☐ Radiating
- ☐ # of breakthroughs for all sites /24 hrs:
- ☐ Other (specify):

Skin Integrity

☐ See Pixalere Comments:

- ☐ Skin Condition
- ☐ Wound
- ☐ Incision
- ☐ Tubes/Drains
- ☐ Edema
- ☐ Rash
- ☐ Lymphodema
- ☐ Pruritis
- ☐ Other (specify):

B. Medication

Medication Management

☐ See Flowsheet - IV Assessment Comments:

- ☐ Needs Assist
- ☐ Dependent
- ☐ Not Taken as Prescribed
- ☐ Polypharmacy (5+ Medications Taken Routinely)
- ☐ Physician Review Needed
- ☐ IV Medication Management
- ☐ IV Device Maintenance
- ☐ Palliative Medication Kit In Home
- ☐ S/C Management
- ☐ Intrathecal Management
- ☐ Other (specify):

Name:	PARIS ID:

Medications - Current

Medication	Dose	Route	Frequency	PRN	Start Date	End Date

C. Nutritional Status

Eating Habits

☐ See Supplemental Assessment Comments:

- ☐ Poor Appetite
- ☐ Food Security
- ☐ Digestive Issues
- ☐ Enteral Nutrition
- ☐ Dehydration
- ☐ Other (Specify):

Swallowing and Chewing

☐ See Supplemental Assessment Comments:

- ☐ Swallowing
- ☐ Chewing
- ☐ Dentures
- ☐ Missing Teeth
- ☐ Other (specify):

Name:	PARIS ID:

Weight Change

☐ See Supplemental Assessment Comments:

☐ Loss of >3kg (6.6 lbs) in Last 6 Months
☐ Gain of >4.5kg (10 lbs) in Last 6 Months
☐ Other (Specify):

D. Functional Status

Activities of Daily Living

☐ See Supplemental Assessment Comments:

☐ Eating
☐ Bathing
☐ Personal Hygiene
☐ Toileting
☐ Dressing
☐ Oral Hygiene
☐ Rest/Sleep
☐ Other (specify):

Communication Abilities

☐ See Supplemental Assessment Comments:

☐ Speech
☐ Alternative/Augmentative Communication
☐ Hearing
☐ Other (specify):

Instrumental ADLs

☐ See Supplemental Assessment Comments:

☐ Laundry
☐ Shopping/Errands
☐ Meal Management
☐ Housework/Home Maintenance
☐ Transportation
☐ Financial Management
☐ Phone Use
☐ Other (specify):

Name:	PARIS ID:

Mobility

☐ See Supplemental Assessment Comments:

- ☐ Wheelchair Seating/Mobility
- ☐ Gait/Ambulation
- ☐ Falls
- ☐ Stair Climbing
- ☐ Transfers
- ☐ Bed Mobility
- ☐ Power Mobility
- ☐ Home/Community Access
- ☐ Balance
- ☐ Endurance
- ☐ Environmental Barriers
- ☐ Other (specify):

Vision

☐ See Supplemental Assessment Comments:

- ☐ Impaired Vision
- ☐ Glasses
- ☐ Other (Specify):

Vocation and Leisure

☐ See Supplemental Assessment Comments:

- ☐ Employment/Education
- ☐ Volunteer Work
- ☐ Leisure/Recreation
- ☐ Other (specify):

E. Mental Health & Cognition

Cognition/Perception

☐ See Supplemental Assessment Comments:

- ☐ Memory
- ☐ Insight/Judgement
- ☐ Executive Function
- ☐ Attention/Concentration
- ☐ Confusion
- ☐ Perceptual Deficit
- ☐ Other (specify):

Name:	PARIS ID:

Mental Health

☐ See Supplemental Assessment Comments:

- ☐ Delusions
- ☐ Hallucinations
- ☐ Anxiety
- ☐ Depression
- ☐ Suicidal Ideation
- ☐ Inappropriate Behaviour
- ☐ Grief
- ☐ Self Harm
- ☐ Coping
- ☐ Medical Assistance in Dying (MAID)
- ☐ Other (specify):

F. Psychosocial Status

Adult Protection

☐ See ReAct Reporting System Comments:

- ☐ Risk Of Abuse
- ☐ Risk Of Neglect
- ☐ Risk Of Self-Neglect
- ☐ Other (specify):

Advance Care Planning

☐ See Supplemental Assessment Comments:

- ☐ Advance Care Planning Needed
- ☐ Other (specify):

Cultural/Spiritual

☐ See Supplemental Assessment Comments:

- ☐ Culture
- ☐ Spirituality
- ☐ Values and Beliefs Affecting Care
- ☐ Quality of Life
- ☐ Other (specify):

Housing And Income

☐ See Supplemental Assessment Comments:

- ☐ Unstable Housing/Homeless
- ☐ Income Inadequate For Basic/Care Needs
- ☐ Living Arrangement
- ☐ Other (specify):

Name:	PARIS ID:

Relationships And Supports

☐ See Supplemental Assessment Comments:

- ☐ Little Support
- ☐ No Support
- ☐ Family Tensions/Conflict
- ☐ Social Isolation
- ☐ Caregiver Burden
- ☐ Communication
- ☐ Decision-Making Process
- ☐ Sexual Health
- ☐ Other (specify):

Substance Use

☐ See CAGE Questionnaire Comments:

- ☐ Alcohol Use
- ☐ Substance Use
- ☐ Tobacco Use
- ☐ Other (specify):

Name:	PARIS ID:

Allergies

A / S	Date Entered	Date Identified	Allergen	Reaction	Comment

Vital Signs

Recorded Date	BP Sitting	BP Standing	BP Lying	Pulse Per Min.	Heart Rate	Resp Per Min.	Cel.	Fah.	Comments	Recorded By

Surgeries/Procedures

Surgeries/ Procedures	Date of App.	Details	Recorded By	Date Recorded	Team

Tests/Diagnostics

Type	Test/Diagnostics	Date of App.	Result Outcome	Recorded By	Date Recorded	Team

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Weight And Growth Chart

Date Measured	Age	---- Weight ---- kg	%ile	--- Height --- cm	%ile	----- BMI -----	%ile	------ Head ------ Circumference cm	%ile	---% Birth --- Wgt Lost	-- Wgt for -- Length	%ile	--- Waist --- Hip cm	ratio

External Agencies/Other Professionals

Organization	Contact	Telephone	Valid From	Valid To

Equipment Issued

Equipment Type	Equipment Item	Urgency	Period of loan (weeks)	Due Date	Competent with Equipment	Recorded By

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments

Name:	PARIS ID:

Palliative Version

Prognosis

Recorded By	Record Date	Prognosis	End Date	Entered at time of Registry?

Palliative Performance Scale (PPS)

Assessed By	Assessment Date	PPS %	Comments

Client Instructions for Health Care

Date Recorded	Type	Document Location	Recorded By

Client Instructions - Legal and Financial

Date Recorded	Type	Document Location	Recorded By

Health Care Decision Maker

Date Recorded	Substitute Decision Maker	Contact	Association	Phone Number	Alternate Number	Comments

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

---------- End of Report ----------