Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

MHA PROGRESS NOTE

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

Casenote Date: **Team Name:**

Casenote Reason: **Staff Member:**

Type of Contact

Contact #1:	**Duration:**	**hr**	**min**
Contact #2:	**Duration:**	**hr**	**min**
Contact #3:	**Duration:**	**hr**	**min**
Contact #4:	**Duration:**	**hr**	**min**

MHA Minimum Reporting Requirements

☐ First Service Event

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service:

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours:

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

Clinical Services Provided

☐ Case Management ☐ Medication Administration

☐ Client Self Assessment ☐ Medication Review

☐ Crisis Intervention ☐ Metabolic Assessment

☐ Education ☐ Short Term Assessment/Treatment

☐ Family Session

Casenotes

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

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