Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

MHHS ASSESSMENT V3

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

Assessment Start Date: **Assessment End Date:**

Reason For Assessment: **Carried Out By:**

Band Number, Ethnicity, Current Living Situation

Band Number Ethnicity

Current Living Situation

Household Residential Hx

House Type

Languages & Communication

Language Type	Method	Fluency	Status	Level of Understanding	Main Language	Interpreter

Client Referred For (For Coastal Use Only)

- ☐ Group Home
- ☐ Supported Apartment
- ☐ Concurrent Short Term Residential
- ☐ Consultation Only
- ☐ Subsidy Only (SIL)

Housing History

Current (Length, Location, Type of Housing

Past Year

Moves/Evictions

History Of Behavioural Issues

Name:	PARIS ID:

Housing History (continued)

Shelters

Residential

Supported Apartment

Previous/Current
Subsidies

Other facilities applied
for, Waitlist Date

History of Homelessness

Personal History

1. Cultural / Religous Association
   Comments

2. Educational / Vocational History
   Comments

3. Legal Status (Extended Leave, Past and Present Criminal Charges, Convictions, Legal History)

Name:	PARIS ID:

Unregistered Contacts

Contact Name	Primary Number	Alternate Number	Association	Comments

External Agencies / Other Professionals

Organization	Relationship	Contact	Telephone	Valid From	Valid To

Risk Factors

1. Potential for Aggression or Violence

2. Self Harm

3. Substance Use/Abuse: Methods of use, frequency, last use, blackouts, other negative impacts, withdrawal, treatment history and periods of abstinence

4. Triggers to Relapse, Signs of Relapse

5. Victimization and Vulnerability

6. Fire Risk: Smokes indoors, smokes in bed, unsafe kitchen practice

Name:	PARIS ID:

Periods in Hospitals/Clinics

This section will continue to update after the assessment has been completed.

From	To	Hospital/ Clinic	Status	Reason	Notes

Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details

Clinical Profile (Medical And Psychiatric)

1. Baseline: i.e. Medical and Psychiatric Problems

2. Signs of Decompensation; Possible Precipitants; History of Rapid Decompensation

3. Coping Mechanisms: Strategies to maintain wellness, handle stressors, etc.

Support Needs/Resources Used

Support Worker /
Housing Worker / Case
Manager

Clubhouse / Gathering
House / Drop-Ins /
Team / Rehab Group

Name:	PARIS ID:

Work / School / Volunteer

Family Supports / Pets

Life Skills

	Independant		Comments / Support Requirements
1. Manages Mental Illness / Insight	☐ Yes	☐ No	
2. Manages Medical Illness / Insight	☐ Yes	☐ No	
3. Manages Personal Care	☐ Yes	☐ No	
4. Social Behaviour / Social Contacts	☐ Yes	☐ No	
5. Maintains Meaningful Activities	☐ Yes	☐ No	
6. Maintains a Healthy Diet (List any dietary requests)	☐ Yes	☐ No	
7. Manages Housecleaning Tasks	☐ Yes	☐ No	

Name:	PARIS ID:

Life Skills (continued)

	Independant			Comments / Support Requirements
8. Manages Own Laundry	☐ Yes	☐ No		
9. Manages Own Finances	☐ Yes	☐ No		
10. Uses Public Transportation	☐ Yes	☐ No		
11. Manages Medications i.e. Medication compliance, frequency of non-compliance, dosage change, client forgetful	☐ Yes	☐ No	☐ N/A	
12. Manages Methadone Maintenance Therapy	☐ Yes	☐ No	☐ N/A	
13. Manages Long Acting Injectable Medication (Note Frequency)	☐ Yes	☐ No	☐ N/A	
14. Manages Blood Testing (Note Frequency)	☐ Yes	☐ No	☐ N/A	

Summary/Recovery Plan

Comments relevant to client's placement

Name:	PARIS ID:

Housing Goals

- ☐ Avoid Hospitalization/Institutionalization
- ☐ Community Reintegration/Involvement
- ☐ Education and training
- ☐ Employment or volunteering
- ☐ Improvement in ADL functioning (basic self-care)
- ☐ Improve IADL functioning (more complex activities, e.g. money management)
- ☐ Avoid illegal activities
- ☐ Medication Compliance
- ☐ Stabilize/Improve social relations
- ☐ Reduce impact of psychiatric symptoms
- ☐ Manage health conditions
- ☐ Reduce harm associated with use of drugs/alcohol
- ☐ Abstinence
- ☐ Improve coping skills (e.g. reduce anxiety; strengthen impulse control)
- ☐ Other

Recommendations (For Housing Staff Use Only)

- ☐ 24 Hour Staffed Home
- ☐ BC Housing
- ☐ SSIL (Vancouver Only)
- ☐ Housing Subsidy Only
- ☐ Group Home
- ☐ ESA (Vancouver Only)
- ☐ Refer to O.T.
- ☐ Staffed Apartment
- ☐ SIL
- ☐ Other

Notes:

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:

Name:	PARIS ID:

For Housing Placement

I hereby apply for the benefits for which I may be eligible under the Mental Health Services Program and certify that the information I have provided is correct to the best of my knowledge, and may be released to appropriate Mental Health Service Providers to the Mental health Division, and to _____

(Name of Person)

_____ _____

Client or Authorized Signature Date Signed

_____

Case Manager

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

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