

## MHHS TERMINATION SUMMARY RESIDENTIAL V2

<b>Name:</b>		<b>PARIS ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>		<b>Phone:</b>
<b>Home Address:</b>		

**Assessment Start Date:**

**Assessment End Date:**

**Reason For Assessment:**

**Carried Out By:**

### Agency

Current Placement

New Location

### Summary of Placement

Participation

Relations with residents

Relations with staff

Client satisfied with placement

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**Summary of Placement (continued)**

Reason for termination

**Recommendations**

Supports required

Appropriateness for Licensed Care Facility in future

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## Substance Use [MRR]

Substance Use:       Not Assessed       No Identified Issues

Prim	Substance	Primary Route	Date Last Used	# Days of use in last 30 Days	Typical Day Amt Used	Age at First Use	Current Pattern	Stage of Change
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- Alcohol
- Non-beverage Alcohol
- Tobacco
- Cannabis
- Crack Cocaine
- Cocaine
- Heroin
- Opioids:
- Opioids:
- Benzos:
- Benzos:
- Crystal Meth
- Amphetamines
- Club Drugs:
- Hallucinogens:
- Inhalants:
  
- Over-the-Counter Drugs (exc. codeine):
  
- Other Prescription Drugs (exc. opioids):
  
- Other:
  
- Other:

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Has client shared needles with other users within the last 30 days?       Yes     No     Unknown     Not Applicable

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### Substance Use Comments

#### HoNOS: Adult and 65+ [MRR]

HoNOS Score Sheet- Adult and 65+

Health of the Nation Outcome Scales (HoNOS) © Royal College of Psychiatrists 1996;

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999

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**Severity**

#### HoNOS: Adult and 65+

**(0-4,9)**

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problems drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems  
Disorder (A B C D E F G H I or J):  
Specify:
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

### HoNOS Comments

### Other People Involved

### Copies To Be Sent To:

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**Authorization Details**

**Carried Out By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Closing Authorizer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Notes:**

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

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