

MEDICAL ASSESSMENT V3

Name:		PARIS ID:	
DOB:	Age:	Team Name:	
Gender:		Assessment Date:	
PHN:		Assessment End Date:	

History

Current Situation

Substance Related Complications **Not Assessed** **No Identified Issues**

Identified Issues

- | | | |
|---|--|--|
| <input type="checkbox"/> Cellulitis / Abscess | <input type="checkbox"/> Infective Endocarditis | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> DTs | <input type="checkbox"/> Substance Induced Psychosis | <input type="checkbox"/> Overdose |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: | |

Details

Medical History / Hospitalizations **Not Assessed** **No Identified Issues** **Identified Issues**

- | | |
|--|---|
| <input type="checkbox"/> No follow up required | <input type="checkbox"/> Further information required |
|--|---|

Details

Psychiatric History **Not Assessed** **No Identified Issues** **Identified Issues**

- | | |
|--|---|
| <input type="checkbox"/> No follow up required | <input type="checkbox"/> Further information required |
|--|---|

Details

Social History **Not Assessed** **No Identified Issues** **Identified Issues**

- | | |
|--|---|
| <input type="checkbox"/> No follow up required | <input type="checkbox"/> Further information required |
|--|---|

Details

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Name:	PARIS ID:
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History (continued)

Family History Not Assessed No Identified Issues Identified Issues

No follow up required

Details

Legal / Forensic Not Assessed No Identified Issues Identified Issues

No follow up required

Details

Contraception Not Assessed No Identified Issues Identified Issues

No follow up required

Details

Immunizations Not Assessed No Identified Issues Identified Issues

No follow up required

Further information required

Immunizations required

Details

Communicable Diseases

Communicable Diseases Not Assessed No Identified Issues

Identified Issues

HIV:

HCV:

TB:

STIs:

Other:

Details

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Name:	PARIS ID:
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Treatment and Support

Treatment (past and current)	Number of Times Participated	Number of Times Completed
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Withdrawal Management

Details

Individual / Group / Peer Supports

Details

Day Treatment Program

Details

Residential Treatment

Details

Support Recovery

Details

Specialized / Other Supports

Details

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Opioid Maintenance Therapy

Current Opioid Maintenance Therapy Not Assessed No Identified Issues

Identified Issues

Follow Up Required:
 Current Methadone Therapy Current Buprenorphine (Suboxone) Therapy
 Carry Privileges Yes No
 Current Dose: mg Start Date:
 Current Therapy Details

Past Opioid Maintenance Therapy	Number of Times Participated	Highest Dose	Longest Treatment
Methadone		mg	months
Buprenorphine (Suboxone)		mg	months

Past Therapy Details

Review of Systems

CNS Not Assessed No Identified Issues Identified Issues

EENT Not Assessed No Identified Issues Identified Issues

CVS Not Assessed No Identified Issues Identified Issues

RESP Not Assessed No Identified Issues Identified Issues

GI Not Assessed No Identified Issues Identified Issues

GU Not Assessed No Identified Issues Identified Issues

MSK Not Assessed No Identified Issues Identified Issues

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Name:	PARIS ID:
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Review of Systems (continued)

SKIN Not Assessed No Identified Issues Identified Issues

ENDO Not Assessed No Identified Issues Identified Issues

GYN Not Assessed No Identified Issues Identified Issues

Menses:

Details

Risks

Risk of Suicide Not Assessed No Identified Issues

Identified Issues

Current Ideation Current Intent Current Plan

Clinician Suspected Risk

Previous Attempts (Number and Method):

Date of Last Attempt:

Details

Other Risks Not Assessed No Identified Issues

Identified Issues

Harming Others Self Harm Harm by Others

Child Safety Other:

Details

Medications - Current

Medication	Route	Dose	Frequency	Start Date	End Date	Comments
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Medication Use

Medication Use Not Assessed No Identified Issues

Identified Issues

- Not well managed
- Declines
- Diversion
- Does not take as prescribed
- Other:

Details

Allergies - Current

A / S	Date Entered	Allergen	Reaction	Comment
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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

- 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:

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

Substance Use Comments

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Other Problematic Behaviours

Other Problematic Behaviours Not Assessed No Identified Issues

Identified Issues

Primary Problem	Behaviours	Date Last Engaged	# Days Engaged in Last 30 Days	Typical # hrs per day	Max # hrs per day	Age at First Experience	Stage of Change
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- Gambling
- Sex
- Pornography
- Electronics:
- Other:

Longest Abstinence:

- Current Risk of Relapse

Details

Physical Examination

Evidence of Drug Use Not Assessed No Identified Issues

Identified Issues

- Old Tracks New Tracks Withdrawal
- Drug-Affected Other:

Details

Mental Status / LOC Not Assessed No Identified Issues Identified Issues

CNS Not Assessed No Identified Issues Identified Issues

Respiratory Not Assessed No Identified Issues Identified Issues

CVS Not Assessed No Identified Issues Identified Issues

GI Not Assessed No Identified Issues Identified Issues

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Physical Examination (continued)

Other (MSK / GU, etc) Not Assessed No Identified Issues Identified Issues

Pregnancy Not Assessed No Identified Issues Identified Issues

Details

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Recommendations - Physician

Recommendations - Physician

Other People Involved

Copies To Be Sent To

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

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