

PROGRESS NOTE REPORT - PRT/NSS

Name:	PARIS ID:
DOB:	PHN:
Gender:	Phone:
Home Address:	Physician:
	School:

Casenote Date:

Team Name:

Staff Member:

Reason:

Next Planned Contact/Visit

Planned Date:	or in	Week(s)	or in	Month(s)
Contact Type:		Reason:		
Planned Staff:		Completed Previous Planned Date?	<input type="checkbox"/>	

Procedures Delegated - For MCFD Reporting

Entered By:

☐ Tube Feed

☐ Oral Suction

Start Date:

☐ Diabetes

☐ Medication

☐ Catheter

☐ Oxygen

☐ Seizure

☐ Other

If OTHER, Specify:

Comments:

Type of Contact/Activity

Direct Care Duration

hr min

Indirect Care Duration

hr min

Type of School Contact

☐ School Visit Delegation
☐ School Visit Monitoring
☐ School Visit New
☐ School Visit Ongoing

☐ Client Visit New
☐ Client Visit Ongoing
☐ Client TC/Email
☐ Professional Contact

Type of Activities

☐ Equipment Ordered
☐ Equipment Setup/Modified
☐ Report/Letter Writing
☐ Other Specify:

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Name:	PARIS ID:
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Open Needs

Need	Identified On
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Document

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

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