Vancouver Coastal Health
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

PRE-DISCHARGE

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

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Contact Info

TO: Referring Therapist:

Hospital:

Phone, fax, ward, etc.:

Living Situation

Housing: Access/Layout:

Support: Family/Friends:

Agencies involved:

Functional Status - General

Problem

- ☐ Mobility
- ☐ Activity Tolerance
- ☐ Steps/Gradients

Functional Status - Transfers

- ☐ Chairs/Sofa
- ☐ Bed
- ☐ Bath/Shower
- ☐ Toilet
- ☐ Transportation
- ☐ Other

Functional Status - Personal Care

PRE-DISCHARGE

Name:	PARIS ID:

☐ Bathing/Showering	
☐ Haircare/Nailcare	
☐ Toileting day/night	
☐ Dressing	
☐ Feeding	
☐ Other	

Functional Status - Homemaking

☐ Nutrition / Meal Planning	
☐ Cooking / Meal Preparation	
☐ Shopping	
☐ Laundry/Ironing	
☐ Home/Grounds maintenance	
☐ Other	

Functional Status - Communication

☐ Hearing, speech, vision	

Mental Status

Mental Status (Orientation, perception, motivation, compliance):

Summary and Recommendations

Client's Impression of Own Performance:

Analysis and Recommendations:

Needs

Need	Post to C/P	Processed	Comments

PRE-DISCHARGE

Name:	PARIS ID:

Casenotes

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

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