

## Primary Outreach Services (POS) Progress Note

<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>		

**Casenote Date:**

**Reason:**

**Staff Member:**

### Purpose of Visit

- |  |  |
|--|--|
| <input type="checkbox"/> Engagement                      | <input type="checkbox"/> Brokerage/Referral for Service        |
| <input type="checkbox"/> Accompaniment to Appointment    | <input type="checkbox"/> Nursing – General                     |
| <input type="checkbox"/> Nursing – Wound Care            | <input type="checkbox"/> Nursing – Testing/Diagnostics         |
| <input type="checkbox"/> Counselling/Support - General   | <input type="checkbox"/> Counselling/Support – Mental Health   |
| <input type="checkbox"/> Counselling/Support - Addiction | <input type="checkbox"/> Counselling/Support – M/H + Addiction |

### Additional Purposes(s) Of Visit

- |  |  |
|--|--|
| <input type="checkbox"/> Engagement                      | <input type="checkbox"/> Brokerage/Referral for Service        |
| <input type="checkbox"/> Accompaniment to Appointment    | <input type="checkbox"/> Nursing – General                     |
| <input type="checkbox"/> Nursing – Wound Care            | <input type="checkbox"/> Nursing – Testing/Diagnostics         |
| <input type="checkbox"/> Counselling/Support - General   | <input type="checkbox"/> Counselling/Support – Mental Health   |
| <input type="checkbox"/> Counselling/Support - Addiction | <input type="checkbox"/> Counselling/Support – M/H + Addiction |

### Open Needs

**Need**

**Identified On**

### Casenotes

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

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