

PROGRESS NOTE

Name:	Team:
DOB:	PARIS ID:
Gender:	Casenote Date:
PHN:	Age:

Reason:

Staff Member:

Presenting Demeanor

General Appearance

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Clean/Neat | <input type="checkbox"/> Dishevelled | <input type="checkbox"/> Poor Hygiene |
| <input type="checkbox"/> Other: | | |

Orientation

- | | | |
|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> To Person | <input type="checkbox"/> To Place | <input type="checkbox"/> To Time |
|------------------------------------|-----------------------------------|----------------------------------|

Speech

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Coherent | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Other: | |

Affect

- | | | |
|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Anxious | <input type="checkbox"/> Flat |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Labile | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Sad | <input type="checkbox"/> Full Range | |
| <input type="checkbox"/> Other: | | |

Activities

Clinical Actions

- ☐ Assessment
- ☐ Care Planning / Review
- ☐ Case Review / Conference
- ☐ Clinical Counselling / Therapy
- ☐ Discharge Planning
- ☐ Monitor
- ☐ Supportive Counselling

Clinical / Medical Care

- ☐ Acupuncture
- ☐ Alternative Therapy
- ☐ Foot Care
- ☐ General Medical Care
- ☐ Home Detox

Infectious Disease Care

Supportive Actions

- ☐ Accompanied to Other Service
- ☐ Advocacy
- ☐ Information Provided
- ☐ Support- MCFD
- ☐ Support- MEIA
- ☐ Victim Support

- ☐ Lab Tests Ordered / Taken
- ☐ Medication Review

Methadone Maintenance Therapy:

- ☐ Request for MMT
- ☐ MMT Startup
- ☐ MMT Maintenance
- ☐ MMT Taper

Skills Development

- ☐ Housing Search
- ☐ Hygiene Assistance
- ☐ Lifeskills Development
- ☐ Parenting Skills Development
- ☐ Vocational Planning

- ☐ Physical Assessment
- ☐ Withdrawal Management
- ☐ Wound Care
- ☐ Transfer to Hospital

Items Provided

- ☐ Contingency Management
- ☐ Nutrition Supplement

PROGRESS NOTE

Name:	PARIS ID:
DOB:	PHN:

☐ Hep C Monitoring☐ Nutrition Counselling

Transportation:

☐ Hep C Active Treatment☐ Pain Management☐ Bus Tickets☐ HIV Monitoring☐ Pharmanet Check☐ Taxi☐ HIV Active Treatment☐ Car Ride

Other

☐ Other:☐ Other:☐ Other:

Referred To

Date Recorded	Referred To	Method	Details about Referral	Outcome
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Linked Needs

Need	Identified On
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Casenotes

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

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