

## 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>		

<b>Casenote Date:</b>	<b>Reason:</b>	<b>Staff Member:</b>
<b>Type of Contact</b>		

<b>Contact #1:</b>	<b>Duration:</b>	hr	min
<b>Contact #2:</b>	<b>Duration:</b>	hr	min
<b>Contact #3:</b>	<b>Duration:</b>	hr	min
<b>Contact #4:</b>	<b>Duration:</b>	hr	min

### MHA Minimum Reporting Requirements [MRR]

☐ First Service Event

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service:

☐ Yes, indicated by client

☐ No

☐ Yes, indicated by other trusted source

☐ Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours:

☐ Yes, indicated by client

☐ No

☐ Yes, indicated by other trusted source

☐ Unknown/not asked

### Clinical Services Provided

☐ Case Management

☐ Medication Administration

☐ Client Self Assessment

☐ Medication Review

☐ Crisis Intervention

☐ Metabolic Assessment

☐ Education

☐ Short Term Assessment /Treatment

☐ Family Session

### Open Needs

<b>Need</b>	<b>Identified On</b>
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Name:

PARIS ID:

Document

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

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