

PARIS MANUAL DOWNTIME REFERRAL FORM – ALL PROGRAMS

(Use your specific program referral where available)

For Manual Procedures in the Event of a PARIS System Downtime

Client Last Name		First Name		PARIS
Team			Referral Date dd/mm/yyyy)	
Referral Reason				
Referral Source and Details				
<input type="checkbox"/> Client Aware	Priority		Date of First Contact/ Face to Face Contact	
<input type="checkbox"/> Family Aware				
Priority Reprioritization Details (Date and Priority and Reason)		Reason priority Not Met		Group Name
Diagnosis		State	Person aware of Diagnosis?	
Current Location				
Referral Medication				
Referral Notes: Current Health State and Clinical Factors				
Create Task(s)				
Allocations (s)				

Additional Information Referral Casenotes

Please indicate when the information from this Form has been entered into PARIS: ☐
Note: Once downtime information has been entered in PARIS, discard this working sheet.