

**PARIS MANUAL DOWNTIME REGISTRATION FORM – ALL PROGRAMS**

For Manual Procedures in the Event of a PARIS System Downtime

Registration Date	Health Area	Referred to Team	PHN	Other Identifier
Client Last Name		First Name	Middle Name	
Preferred Name			Alias	
Date of Birth (dd/mm/yyyy)	Gender	Home Phone	Work Phone	Alt. Phone/Contact Number
Client Address incl. City			Address Directions incl. buzzer code if applicable	
Allergies/Alerts				
Related People Name		Relationship	Home Phone	Alt. Phone
Dependent Children Name Living with client				
Other Dependent Children Name and Location				
External Agency/Other Prof.		Relationship	Phone	Alt. Phone
Language		Marital Status	Education	
GP (Responsible Doctor)	Billing #	Phone	Fax	
Referring/Other Doctor/Health Prof.	Billing #	Phone	Fax	
School Name	Grade/Division	Teacher/other Personnel	Screening/Testing	
Employment – Company/Org	Occupation	Status	Reason for Leaving	
Ethnicity (if client identifies as Aboriginal, First Nations ...)		BC Residency Date	DVA #	Canadian Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Refugee	Sponsorship <input type="checkbox"/> YES <input type="checkbox"/> NO		
Funding Source <input type="checkbox"/> MHR <input type="checkbox"/> GIS <input type="checkbox"/> WVA <input type="checkbox"/> ICBC <input type="checkbox"/> WCB <input type="checkbox"/> Other			Funding Contact	Phone #
Appointments				
Other Notes				

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.**