Vancouver CoastalHealth
*Promoting wellness. Ensuring care.*

PARIS
PRIMARY ACCESS
Regional Information System

# MENTAL HEALTH REHABILITATION ASSESSMENT - VOCATIONAL

| | | |
|---|---|---|
| **Name:** | | **Team:** |
| **DOB:** | **Age:** | **PARIS ID:** |
| **Gender:** | | **PHN:** |

## Header Details

Date Started: End Date:
Carried Out By: Assessment ID:
Recorded By: Assoc. Referral ID:

## Reason for Referral

## Background/Collateral

## Tools Utilised

## Needs

| Need | Post to C/P | Processed | Comments |
|---|---|---|---|

## Assessment Summary

## Other People Involved with Assessment

| Who | Association | Comments |
|---|---|---|

## Copies To Be Sent To

## Other Authorizers

Authorizer: Date:
Authorizer: Date:

## Authorization Details

Carried Out By: Date:
Authorized by: Date:

Notes:

## Casenote (may have been added after assessment authorized)

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