Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

RESIDENTIAL RESPITE ASSESSMENT REPORT

Name:		**PARIS ID:**
DOB:	**Age:**	**PHN:**
Gender:		**Phone:**
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Summary Info

Respite Agency:

Date Respite Required: Number of Days:

Secure Unit Needed: ☐ Yes ☐ No

Booking Confirmed with Facility: ☐ Booking Confirmed with Clerk: ☐

Other Comments:

Care Levels

Care Level	Start Date	End Date	Recorded By	Date Recorded	Team Name

Current Location

Date Recorded: Location Type:

Location:

City: Province: Postal Code:

Comments:

Medications

Please see Medication Section in PARIS or Medication/Treatment Orders-Recommendation report for further details. (eg. medications in home?, confirmed (written order received?)

Medication	Route	Dose	Frequency	Start Date	End Date	Comments

Information to be Faxed to Facility

☐ LTC1

☐ MDS

☐ Other - If Other, Specify:

Casenotes

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

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