



PARIS Downtime Service Event Working Sheet For Primary Care/Addiction Services & ICY, Community Family Health, Communicable Disease Control Programs

For Manual Procedures in the Event of a System Downtime

CHA	Team	Client PARIS ID#	Date of Birth (dd/mm/yyyy)	Sex
Client Last Name		First Name	Preferred Name/Alias	I
Service Event Date (dd/mm/yyyy)	Service Event Time	Service Event Duration	Contact Type	
List activities and providers involved with each activity during this Service Event:				
Activity:				
Involved Provider(s)				
Activity:				
Involved Provider(s)				
Activity:				
Involved Provider(s)				
Activity:				
Involved Provider(s)				
Note other information that has changed and will require updating in PARIS such as new alerts, address changes, newly involved organizations etc.				
Will the chart require a re-print of the Facesheet? Yes/ No				
Will the chart require a re-print of the Referral Report? Yes/ No				

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.