Print Form

Vancouver CoastalHealth
Promoting wellness. Ensuring care.

PARIS
PRIMARY ACCESS
Regional Information System

SINGLE CONTACT CASENOTE V2

Name:		**Paris ID:**	**Casenote Date:**
Preferred:		**PHN:**	
DOB:	**Age:**	**Phone:**	
Gender:		**Physician:**	
Home Address:		**School Name:**	
Reason:		**Staff Member:**	
		Team Name:	

Type of Contact

Contact #1:		**Duration:**	hr min
Contact #2:		**Duration:**	hr min
Contact #3:		**Duration:**	hr min
Contact #4:		**Duration:**	hr min

Single Contact

Caller Information

Last Name: First Name:

Relationship:

Nature of Call/Contact

- ☐ Adult Health
- ☐ Asthma, Allergy, Eczema
- ☐ Behaviour
- ☐ Breastfeeding
- ☐ Communicable Disease
- ☐ Community Resources
- ☐ Contraception
- ☐ Dental
- ☐ Development
- ☐ Elimination
- ☐ Emotional Concerns/MH
- ☐ Other
- ☐ Feeding/Nutrition
- ☐ Growth
- ☐ Hearing/Speech
- ☐ Illness
- ☐ Immunizations
- ☐ Infestations (Lice, Scabies)
- ☐ Injury Prevention/Safety
- ☐ Lifestyle Issues
- ☐ Medications
- ☐ Parenting/Child Care
- ☐ Postnatal Health
- ☐ Preschool/Daycare
- ☐ Pregnancy Counseling
- ☐ Prenatal Health
- ☐ Sexuality
- ☐ Sleep Patterns
- ☐ STD
- ☐ Travel
- ☐ Violence/Abuse
- ☐ Vision

Other Specify:

SINGLE CONTACT CASENOTE V2

Name: **Paris ID:**

Action

- [ ] Advised Client to Seek Referral

Details:

- [ ] Consultation with Other Service Provider
- [ ] Counsel/Anticipatory Guidance
- [ ] Mailout/Fax
- [ ] Client Advised To Follow Telephone Protocol

Details:

- [ ] Referred to Emergency Care
- [ ] Medical Referral
- [ ] Referral To

Details:

- [ ] Other

Other Specify:

- [ ] Standard Info Given

Details:

- [ ] No Further Action Required

Medications-Current

Medication	Route	Frequency	PRN	Start Date	End Date

Medications Administered/Dispensed

Date	Admin/Disp	Number	Medication Details	Lot #	Expiry Date

Linked Needs

Need	Identified On

SINGLE CONTACT CASENOTE V2

Name:	Paris ID:

Document

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

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