

## SOBERING CASENOTE

Name:  
DOB:  
Gender:  
Home Address:

Age:

PARIS ID:  
PHN:  
Phone:

Casenote Date:

Reason:

Staff Member:

### MHA Minimum Reporting Requirements [MRR]

☐ First Service Event

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service:

☐ Yes, indicated by client

☐ No

☐ Yes, indicated by other trusted source

☐ Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours:

☐ Yes, indicated by client

☐ No

☐ Yes, indicated by other trusted source

☐ Unknown/not asked

### Assessment

#### Triage Assessment

Client States Substance Used

☐ Heroin

☐ Alcohol

☐ Cocaine

☐ Stimulants

☐ Benzos

☐ THC / Marijuana

☐ Other:

#### Assessment

☐ Intoxicated

☐ AOB

☐ Slurred Speech

☐ Flushed

☐ Diaphoretic

☐ Staggered Gait

☐ Incontinent

☐ Drowsy

☐ Pale

☐ Restless

☐ Anxious

☐ Agitated

☐ Pressured Speech

☐ Nodding

☐ Uncontrollable Gross Motor Movements

☐ Other:

#### Responsive

☐ To Pain

☐ To Touch

☐ To Sound

#### Oriented

☐ To Person

☐ To Place

☐ To Time

☐ Ambulatory

☐ Non-Ambulatory

☐ Compliant

☐ Argumentative

☐ Assisted

☐ Injuries / Wounds:

# SOBERING CASENOTE

Name:

PARIS ID:

## Assessment (continued)

### Assessment Outcome

☐

Client Accepted

If Youth:

☐

Parents/Guardian Informed

☐

MCFD Contacted

☐

Client Refused

Reason:

☐

Not Intoxicated

☐

Aggressive Behaviour

☐

Uncooperative

☐

Verbal Abuse

☐

Warrants

Comments:

## Sobering - Observation

Date

Time

Position

Resp. Status

RR

Sleeping

Calm

## Discharge

### Discharge Criteria

☐

Gait is Steady & Ambulates Unassisted

☐

Fully Alert & Can State Name

☐

No Signs of Agitation

☐

Skin Colour Normal

☐

Speech is Clear & Not Slurred

☐

TPR Normal

### Discharge Outcome

☐

Discharged to Own Arrangements

☐

Picked up by Family / Friend

☐

Left via Saferide

☐

Taken by VCP

☐

Left via Taxi

☐

Sent to Hospital

☐

Other

If Youth:

☐

Picked Up by Parents/Guardian

☐

MCFD Approval of Discharge

☐

Valuables Returned to Client

Comments / Concerns:

## SOBERING CASENOTE

Name:

PARIS ID:

### Linked Needs

Need

Identified On

### Casenotes

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

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