

**TCU Admit-Discharge Assessment**

<b>Name:</b>		<b>PARIS ID:</b>
<b>DOB:</b>	<b>Age:</b>	<b>Team Name:</b>
<b>Gender:</b>		<b>Assessment Date:</b>
<b>PHN:</b>		<b>Assessment End Date:</b>
<b>Home Address:</b>		

**TCU Admission Details**

Admission Date

**Involved Staff**

Staff	Team Detail	Allocation Type	Allocation Status
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**TCU Discharge Details**

Planned Re-Admission  Re-Admission Date

Decision to Discharge Date

Estimated Discharge Date

Actual Discharge Date

Discharge Destination

Discharge Note

**Current Location**

Date Recorded:

Location Type:

Location:

City:

Province:

Postal Code:

Comments:

**Other People Involved with Assessment**

Who	Association	Comments
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**Copies To Be Sent To**

**Casenotes**

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