

## MENTAL HEALTH VISTA/COPP DISCHARGE ASSESSMENT

<b>Name:</b>	<b>Team:</b>
<b>DOB:</b>	<b>PARIS ID:</b>
<b>Age:</b>	<b>PHN:</b>
<b>Gender:</b>	

### Header Details

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

### Life Skills

CODES:	1 = Able without support	2 = Able with support	3 = Difficulty
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	Ability	Notes
a. Accommodations		
b. Avoid Binge/Purge		
c. Daily Structure		
d. Eating Regular Meals		
e. Following Meal Plan		
f. Grocery Shopping		
g. Meal Preparation		
h. Medications		
i. Menu Planning		
j. Monitoring Physical Health		
k. Nutrition Management		
l. Recreation/Leisure		
m. Other Concerns		

### Mental Health

Recovery Status

Challenges are (i.e. anxiety, depression)

Relapse Signs

Stressors

### Recovery Supports

GP:	Transition Groups:
Therapist:	Family:
Friends:	Vista Follow-up:

### Summary

### Copies To Be Sent To

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### Authorization Details

Carried Out By: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

**Casenote (may have been added after assessment authorized)**

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