Intervention Encounter Form	
Date of Contact __ __/__ __/__ __ __ __	**Staff ID:**
Client ID:_____	**Site:**_____
Encounter made:	**Location of Encounter(s):** Check all that apply
□ Yes (with the client or on behalf of the client)	□ Client residence (permanent or non-permanent residence)
□ No	□ Intervention clinic
If "No," why?	□ Medical, social service, or community based organization setting (external to intervention site) □ Name:_____
□ Unable to contact	□ Correctional setting
□ Cancelled/Rescheduled appointment	□ Other (specify):
□ No show	□ N/A (not face-to-face)
□ Other, specify:	
Total duration of this encounter (in minutes):	

Type of Contact	
Face-to-face (Individual)	1
Electronic (email, text, phone, fax)	2
Collateral (client not present)	3
EMR	4
Other	5

Encounter content:

For each encounter that you had with a client in the course of one day, use the columns to the right to enter the type and duration of each type of encounter using the codes above. For example if you took a client to a medical appointment that lasted 1 hour-enter "1" in the "Type" column and "60" in the "duration" column next to the content. Please mark all types of encounters and duration of each type of encounter for the entire day.		
Completed?	**Encounter Activity**	**Type** / **Duration (minutes)**
	1. Find client/conduct outreach	
	2. Conduct client intake and/or needs assessment	
	3. Develop a patient care plan	
	HEALTHCARE-RELATED ACTIVITIES	
	4. Arrange HIV primary care appointment	
	5. Arrange mental health services appointment	
	6. Arrange for substance use treatment / services appointment	
	7. Arrange other medical care appointment (not for HIV, mental health, or substance use)	
	8. Accompany client to a medical appointment	
	9. Accompany client to a mental health appointment	
	10. Accompany client to a substance use related services appointment	
	11. Discuss medical appointments with client	
	APPOINTMENT REMINDERS AND FOLLOW UP	
	12. Provide appointment reminders (medical and non-medical appointments)	
	13. Follow up with provider to discuss client	

EDUCATIONAL AND EMOTIONAL SUPPORT			
	14. Relationship building (e.g. checking in with client; providing emotional support)		
	15. Talk with a client about disclosure		
	16. Provide coaching on living skills		
	17. Provide general health education / risk reduction education		
	18. Provide basic HIV treatment education, support, and/or advocacy		
	19. Provide safer sex education		
	20. Provide harm reduction education and supplies (i.e. clean syringe/naloxone)		
	21. Mentoring/coaching on provider interactions		
SOCIAL SERVICES-RELATED ACTIVIES			
	22. Accompany client to social service appointments (i.e. related to benefits, housing, food, etc.)		
	23. Assist with obtaining transportation services		
	24. Assist with obtaining child care services		
	25. Assist with obtaining housing services (i.e. support for finding or maintaining housing)		
EMPLOYMENT AND OTHER PRACTICAL & SOCIAL SUPPORT			
	26. Assist client with finding employment/provide employment support		
	27. Assist client in obtaining legal assistance, obtaining legal documents, or obtaining legal advocacy services		
	28. Assist client with obtaining benefits		
	29. Provide practical support (i.e. obtaining cell phone, budgeting/financial planning)		
OTHER ACTIVITIES			
	30. Other 1: (specify)		
	31. Other 2: (specify)		
	32. Other 3: (specify)		
TRANSITION TO STANDARD OF CARE			
	33. Meet with client to discuss transitioning to the standard of care		
	34. Transition client to treatment with a case manager or treatment at external/partner agency		
ENHANCED PATIENT NAVIGATION INTERVENTION: STRUCTURED CURRICULUM SESSIONS			
	35. Session 1: HIV, the Viral Life Cycle & Understanding ART		
	36. Session 2: Communicating with Provider, Adherence & Managing Side Effects		
	37. Session 3: Review understanding of basic lab tests: CD4 & Viral Load		
	38. Session 4: Stigma & Disclosure		
	39. Session 5: HIV and Substance Use		
	40. Session 6: HIV and Mental Health		

Progress notes (Optional):