

Intervention Encounter Form	
Date of Contact ___/___/___	Staff ID: _____
Client ID: _____	Site: _____
Encounter made:	Location of Encounter(s): Check all that apply
<input type="checkbox"/> Yes (with the client or on behalf of the client)	<input type="checkbox"/> Client residence (permanent or non-permanent residence)
<input type="checkbox"/> No	<input type="checkbox"/> Intervention clinic
If "No," why?	<input type="checkbox"/> Medical, social service, or community based organization setting (external to intervention site)
	<input type="checkbox"/> Name: _____
<input type="checkbox"/> Unable to contact	<input type="checkbox"/> Correctional setting
<input type="checkbox"/> Cancelled/Rescheduled appointment	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> No show	<input type="checkbox"/> N/A (not face-to-face)
<input type="checkbox"/> 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		
	<b>HEALTHCARE-RELATED ACTIVITIES</b>		
	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		
	<b>APPOINTMENT REMINDERS AND FOLLOW UP</b>		
	12. Provide appointment reminders (medical and non-medical appointments)		
	13. Follow up with provider to discuss client		

<b>EDUCATIONAL AND EMOTIONAL SUPPORT</b>			
	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		
<b>SOCIAL SERVICES-RELATED ACTIVITIES</b>			
	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)		
<b>EMPLOYMENT AND OTHER PRACTICAL &amp; SOCIAL SUPPORT</b>			
	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)		
<b>OTHER ACTIVITIES</b>			
	30. Other 1: (specify)		
	31. Other 2: (specify)		
	32. Other 3: (specify)		
<b>TRANSITION TO STANDARD OF CARE</b>			
	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		

**Progress notes (Optional):**