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| **Intervention Encounter Form 1.19.18** |
| **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:**

|  |
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| *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 durantion of each type of encounter for the entire day.* |
| **Completed?** | **Encounter Activity** | **Type** | **Duration (minutes)** |
|  | 1. Find client/conduct outreach
 |  |  |
|  | 1. Conduct client intake and/or needs assessment
 |  |  |
|  | 1. Develop a patient care plan
 |  |  |
|  | 1. Conduct acuity assessment
 |  |  |
|  | **HEALTHCARE-RELATED ACTIVITIES** |
|  | 1. Arrange HIV primary care appointment
 |  |  |
|  | 1. Arrange mental health services appointment
 |  |  |
|  | 1. Arrange for substance use treatment / services appointment
 |  |  |
|  | 1. Arrange other medical care appointment (not for HIV, mental health, or substance use)
 |  |  |
|  | 1. Accompany client to a medical appointment
 |  |  |
|  | 1. Accompany client to a mental health appointment
 |  |  |
|  | 1. Accompany client to a substance use related services appointment
 |  |  |
|  | 1. Discuss medical appointments with client
 |  |  |
|  | 1. Discuss lab values with client
 |  |  |
|  | **APPOINTMENT REMINDERS AND FOLLOW UP** |  |  |
|  | 1. Provide appointment reminders (medical and non-medical appointments)
 |  |  |
|  | 1. Follow up with provider to discuss client
 |  |  |
|  | **EDUCATIONAL AND EMOTIONAL SUPPORT** |
|  | 1. Relationship building (e.g. checking in with client; providing emotional support)
 |  |  |
|  | 1. Talk with a client about disclosure
 |  |  |
|  | 1. Provide coaching on living skills
 |  |  |
|  | 1. Provide general health education / risk reduction education
 |  |  |
|  | 1. Provide basic HIV treatment education, support, and/or advocacy
 |  |  |
|  | 1. Provide safer sex education
 |  |  |
|  | 1. Provide harm reduction education and supplies (i.e. clean syringe/naloxone)
 |  |  |
|  | 1. Mentoring/coaching on provider interactions
 |  |  |
|  | 1. Provide education and emotional support to client’s family/partners
 |  |  |
|  | **SOCIAL SERVICES-RELATED ACTIVIES**  |
|  | 1. Accompany client to social service appointments (i.e. related to benefits, housing, food, etc.)
 |  |  |
|  | 1. Assist with obtaining transportation services
 |  |  |
|  | 1. Assist with obtaining child care services
 |  |  |
|  | 1. Assist with obtaining housing services (i.e. support for finding or maintaining housing)
 |  |  |
|  | **EMPLOYMENT AND OTHER PRACTICAL & SOCIAL SUPPORT** |
|  | 1. Assist client with finding employment/provide employment support
 |  |  |
|  | 1. Assist client in obtaining legal assistance, obtaining legal documents, or obtaining legal advocacy services
 |  |  |
|  | 1. Assist client with obtaining benefits (e.g. SSI, social security, disability, food assistance, or health insurance)
 |  |  |
|  | 1. Provide practical support (i.e. obtaining cell phone, budgeting/financial planning)
 |  |  |
|  | **OTHER ACTIVITIES** |
|  | 1. Other 1: (specify)
 |  |  |
|  | 1. Other 2: (specify)
 |  |  |
|  | 1. Other 3: (specify)
 |  |  |
|  | **TRANSITION TO STANDARD OF CARE** |  |  |
|  | 1. Meet with client to discuss transitioning to the standard of care
 |  |  |
|  | 1. Transition client to treatment with a case manager or treatment at external/partner agency
 |  |  |
|  | 1. Officially transitioned client to the standard of care
 |  |  |

**Progress notes (Optional):**