



CASE MANAGEMENT SERVICE ENCOUNTER SHORT FORM

* CLIENT: _____ * ID: _____
 * LAST NAME * FIRST NAME Middle

ENCOUNTER INFORMATION SERVICE CATEGORY: 00001 CASE MANAGEMENT * ACTUAL DATE: ____ / ____ / ____
 MONTH DAY YEAR

* PROGRAM: _____ Contract #: _____ Model: _____ Intervention: _____

* ENCOUNTER:

- | | |
|---|---|
| <input type="checkbox"/> 21 CM CONFERENCE | <input type="checkbox"/> 142 PHONE |
| <input type="checkbox"/> 31 CLIENT ESCORT | <input type="checkbox"/> 290 HOME VISIT |
| <input type="checkbox"/> 69 FACE TO FACE | <input type="checkbox"/> 291 IN FIELD WITH CLIENT |
| <input type="checkbox"/> 130 OTHER | <input type="checkbox"/> 292 IN FIELD WITHOUT CLIENT |
| <input type="checkbox"/> 134 OTHER SUPPORTIVE SERVICES (NOT DIRECT CASE MGMT) | <input type="checkbox"/> 294 IN OFFICE WITHOUT CLIENT |

* SERVICE(S) / ACTIVITIES:

- | | |
|--|---|
| <input type="checkbox"/> 23 ADVOCACY | <input type="checkbox"/> 500 LIVING SKILLS TRAINING – GROUP |
| <input type="checkbox"/> 35 ASSESSMENT | <input type="checkbox"/> 536 NON-BILLABLE CASE RECORDING |
| <input type="checkbox"/> 42 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING | <input type="checkbox"/> 537 NON-BILLABLE COMMUNITY FOLLOW-UP WORKER |
| <input type="checkbox"/> 72 CASE CLOSURE / DISCHARGE | <input type="checkbox"/> 538 NON-BILLABLE SUPERVISORY REVIEW |
| <input type="checkbox"/> 73 CASE CONFERENCE | <input type="checkbox"/> 582 OTHER BILLABLE |
| <input type="checkbox"/> 76 CASE RECORDING / ADMINISTRATIVE ACTIVITIES | <input type="checkbox"/> 583 OTHER FOLLOW-UP |
| <input type="checkbox"/> 78 CASE SPECIFIC SUPERVISION | <input type="checkbox"/> 586 OTHER NON-BILLABLE |
| <input type="checkbox"/> 125 COMPLIANCE ISSUES / FOLLOW-UP | <input type="checkbox"/> 616 PEER GROUP MEETING |
| <input type="checkbox"/> 137 CRISIS INTERVENTION | <input type="checkbox"/> 702 REASSESSMENT |
| <input type="checkbox"/> 238 ESCORT | <input type="checkbox"/> 705 REFERRAL |
| <input type="checkbox"/> 314 GROUP COUNSELING | <input type="checkbox"/> 772 SERVICE PLAN DEVELOPMENT / UPDATE |
| <input type="checkbox"/> 366 HOME VISIT | <input type="checkbox"/> 773 SERVICE PLAN IMPLEMENTATION / MONITORING / FOLLOW-UP |
| <input type="checkbox"/> 369 HOSPITAL VISIT | <input type="checkbox"/> 807 SUPERVISORY REVIEW |
| <input type="checkbox"/> 436 INTAKE | <input type="checkbox"/> 808 SUPPORT GROUP |
| <input type="checkbox"/> 499 LIVING SKILLS TRAINING | |

* STAFF:

* SERVICE SITE:

Collaterals Involved - Please Print (Please Complete the AIRS Collateral Information Form): _____

- Problems Identified: (Please Check All That Apply)
- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Issues | <input type="checkbox"/> Financial / Entitlements | <input type="checkbox"/> Prostitution (Past Or Current) |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food / Nutrition | <input type="checkbox"/> Partner Testing |
| <input type="checkbox"/> Affected By HIV | <input type="checkbox"/> General Supportive Service Needs | <input type="checkbox"/> Pregnancy Issues |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Health | <input type="checkbox"/> Prisoner Or Recent / Pending Release |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hepatitis Exposure | <input type="checkbox"/> Relationship Issues |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Housing | <input type="checkbox"/> Risk Reduction / Risk Behaviors |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Legal - Criminal Justice | <input type="checkbox"/> Self-Harm (Past Or Current) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Legal - Discrimination | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Legal - Guardianship / Custody | <input type="checkbox"/> Sexually Transmitted Infection (STI) |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Legal - Immigration / Naturalization | <input type="checkbox"/> Specialty Medical Care |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Legal - Wills / Proxy | <input type="checkbox"/> Substance Use |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical | <input type="checkbox"/> Suicidal Thoughts (Past Or Current) |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Medication / Treatment Adherence | <input type="checkbox"/> TB |
| <input type="checkbox"/> Family Issues | <input type="checkbox"/> Mental Health / Psycho-Social | <input type="checkbox"/> Transportation |

Progress Notes: