

# Encounter Form Peer

## Omni Health Service, Inc. Peer Specialist Encounter Form

Employee Name

aa

Recipient Name




a




Treatment plan covering period


a

Authorised Time Period	
Start date	a
End date	a
BC hours	a
Assigned BC	a
MT Hours	a
Assigned MT	a
School	a
Home	a
Camp	a
Other	a
Assigned Home	a
Assigned Schol	a
Assigned Camp	a
Assigned Other	a

Monday	
Date	
Start	
End	
Total hours	

Client signature	
Contact code	
Tuesday	
Date	
Start	
End	
Total hours	
Client signature	
Contact code	
Wednesday	
Date	
Start	
End	
Total hours	
Client signature	
Contact code	
Thursday	
Date	
Start	
End	

Total hours	
Client signature	
Contact code	
Friday	
Date	
Start	
End	
Total hours	
Client signature	
Contact code	
Saturday	
Date	
Start	
End	
Total hours	
Client signature	
Contact code	
Sunday	
Date	
Start	

End	
Total hours	
Client signature	
Contact code	
<b>Total hours in all</b>	

Peer specialist signature



Date:

a