

# Encounter Form Peer


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

Employee Name  
Recipient Name  
Treatment plan covering period

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

| 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              |                                                                                    |
| <b>Sunday</b>             |                                                                                    |
| Date                      |                                                                                    |
| Start                     |                                                                                    |
| End                       |                                                                                    |
| Total hours               |                                                                                    |
| Client Signature          |                                                                                    |
| Contact code              |                                                                                    |
| <b>Total hours in all</b> |                                                                                    |

Therapist Signature

Name of Therapist    Mihir Kishan  
 Timestamp            Wed Apr 05 2023 00:15:34 GMT+0530 (India Standard Time)  
 Name of Client        aaxa  
 Timestamp            Wed Apr 05 2023 00:15:46 GMT+0530 (India Standard Time)