

Encounter Form Peer

Omni Health Service, Inc. Peer Specialist Encounter Form

Employee Name	aa
Recipient Name	aa
Agency Name	A
Insurance	aa

Authorised Time Period	
Start date	aa
End date	aa
Peer Specialist Hours	s
Assigned Specialist	aa

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	
Total hours in all	

Peer specialist signature

Date: a