## **Encounter Form Peer**

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

Empployee Name

Recipient Name

aa

Treatment plan covering period

aa

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

	Monday
Date	aa
Start	aa
End	aa
Total hours	aa

Client signature			
Contact code	aa		
Tuesday			
Date	aa		
Start	aa		
End	aa		
Total hours	aa		
Client signature			
II .			
Contact code	aa		
Contact code	aa Wednesday		
Contact code  Date			
	Wednesday		
Date Start End	Wednesday aa		
Date Start	Wednesday aa aaa		
Date Start End	Wednesday aa aaa a		
Date Start End Total hours Client	Wednesday  aa  aaa  aaa  aaa  aaa  aaa		
Date Start End Total hours Client signature	Wednesday  aa  aaa  aaa  aaa		
Date Start End Total hours Client signature	Wednesday  aa  aaa  aaa  aaa  aaa  aaa		
Date Start End Total hours Client signature Contact code	Wednesday  aa aaa aaa aaa aaa Thursday		

Total hours	aa		
Total Hours	jaa		
Client signature			
Contact code	a		
Friday			
Date	aa		
Start	aa		
End	aa		
Total hours	aa		
Client signature			
Contact code	aa		
	Saturday		
Date	aa		
Start	aa		
End	aa		
Total hours	aa		
Client signature			
Contact code	aa		
Sunday			
Date	aa		
Start	aa		
11	1		

End	aa
Total hours	aa
Client signature	
Contact code	aa
Total hours in all	aa

Peer specialist signature

Date: aa