

# 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>	

Peer specialist signature

Date:

a