

# Encounter Form Peer

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

Employee Name

aa

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

Total hours	aa
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

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

Peer specialist signature



Date: aa