

# Encounter Form Peer

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

Employee Name




Recipient Name




Treatment plan covering period


s  
as  
ad

Authorised Time Period	
Start date	ss
End date	asa
BC hours	as
Assigned BC	as
MT Hours	aaa
Assigned MT	aas
School	asaaaa
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	
Sunday	
Date	
Start	

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

Peer specialist signature



Date:

ssaa