

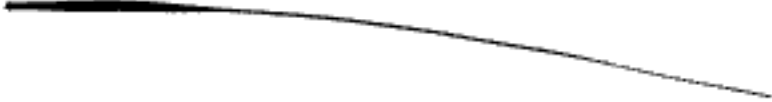

Encounter Form Peer


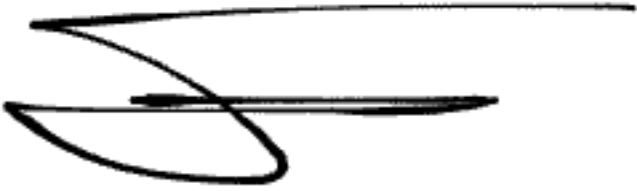
Omni Health Service, Inc. Peer Specialist Encounter Form

Employee Name
Recipient Name
Agency Name
Insurance

Authorised Time Period	
Start date	
End date	
Peer Specialist Hours	
Assigned specialist	

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: