

Encounter Form Peer

Omni Health Service, Inc. Peer Specialist Encounter Form

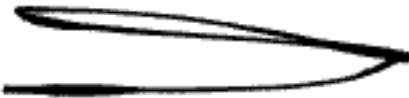
Employee Nameall

Recipient Nameall

Agency Namesl

Insuranceall

Authorised Time Period	
Start date	al
End date	al
Peer Specialist Hours	A
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: