


Encounter Form Peer




Omni Health Service, Inc. Peer Specialist Encounter Form

Employee Name	aa
Recipient Name	s
Agency Name	s
Insurance	s

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

Monday	
Date	s
Start	s
End	s
Total hours	s
Client signature	
Contact code	s
Tuesday	
Date	s
Start	s
End	s

Total hours	s
Client signature	
Contact code	s
Wednesday	
Date	s
Start	s
End	s
Total hours	s
Client signature	
Contact code	s
Thursday	
Date	s
Start	s
End	s
Total hours	s
Client signature	
Contact code	s
Friday	
Date	s
Start	s
End	s
Total hours	s

Client signature	
Contact code	s
Saturday	
Date	s
Start	s
End	s
Total hours	s
Client signature	
Contact code	s
Sunday	
Date	ss
Start	ss
End	sss
Total hours	ssss
Client signature	
Contact code	sss
Total hours in all	sss

Peer specialist signature

A handwritten signature in black ink, consisting of a horizontal line that loops back and then extends downwards.

Date:

ss