

## 2010 NC Farmworker Health Program Enabling Services Encounter Form

Patient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Service Date: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Time Spent w/ Patient: \_\_\_\_\_

### CASE MANAGEMENT

### HEALTH EDUCATION

<b>Assessment</b> <i>(circle one)</i>
100.01 Initial Health Assessment
100.02 Follow Up

<b>Interpretation</b> <i>(circle one)</i>
400.01 30 min    400.02 45 min    400.03 60+min

<i>(Circle all that apply)</i>
900.01 911
900.02 Anemia
900.03 Athlete's Foot
900.04 Back Pain
900.46 Cancer
900.05 Car Seat
900.06 Child Care/Parenting
900.07 Child Development
900.08 Cholesterol
900.48 Clinic Services
900.10 Dental
900.11 Diabetes
900.12 Disaster Preparedness
900.13 Domestic Violence
900.47 DWI
900.14 Emotional Health
900.15 Family Planning
900.16 First Aid
900.17 First Aid
900.18 Green Tobacco Sickness
900.09 Heat Illness
900.36 HIV/AIDS/STIs
900.20 Hypertension
900.21 Immunizations
900.22 Insect/Snake Bite
900.23 Lead Exposure
900.24 Liv. Conditions/Sanitation
900.25 Medication Use
900.26 Nutrition
900.28 Personal Hygiene
900.29 Pesticides
900.30 Poisonous Plants
900.31 Pre /Post HIV Counseling
900.32 Prenatal
900.33 Respiratory/Asthma
900.34 Seat Belt
900.35 Skin/Wound Care
900.44 Smoking
900.37 Substance Abuse
900.38 Sun Exposure
900.39 Tuberculosis
900.40 Vision/Eye Care
900.41 Vitamins
900.45 Water Safety
900.42 Other: _____
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<b>Appointments &amp; Referrals</b>						
<i>Referral Type (circle one)</i>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">200.01 Primary Care</td> <td style="width: 50%;">200.02 Dentist</td> </tr> <tr> <td>200.03 Mental Health</td> <td>200.04 Specialist</td> </tr> <tr> <td>200.05 Optometry</td> <td>200.06 Non-Medical</td> </tr> </table>	200.01 Primary Care	200.02 Dentist	200.03 Mental Health	200.04 Specialist	200.05 Optometry	200.06 Non-Medical
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<i>Name of Referral:</i> _____ <i>Referred for:</i> _____ <i>Date of Appt:</i> _____						

<b>Transportation</b> <i>(circle one)</i>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">500.01 15 min</td> <td style="width: 33%;">500.03 45 min</td> <td style="width: 33%;">500.05 90 min</td> </tr> <tr> <td>500.02 30 min</td> <td>500.04 60 min</td> <td>500.06 120+ min</td> </tr> </table>	500.01 15 min	500.03 45 min	500.05 90 min	500.02 30 min	500.04 60 min	500.06 120+ min
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<b>Providing Resources</b>																												
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<b>Health Care Plan Referrals</b>						
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<b>Other Outreach Activities</b>	
700.01 BP # _____	700.03 Glucose # _____
700.02 BMI # _____	700.04 Other: _____
800.XX Unmet Need: _____	700.05 Outreach/ Clinic Services Provided

### FOLLOW-UP / NOTES