

## 2019 NC Farmworker Health Program Enabling Services Encounter Form

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

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

### CASE MANAGEMENT

#### Assessment *(circle one)*

100.01 Initial Health Assessment  
 100.02 Follow Up

#### Referrals

##### Referral Type *(circle one)*

200.01 Primary Care      200.02 Dentist  
 200.03 Mental Health      200.04 Specialist  
 200.05 Optometry      200.06 Non-Medical

Referred to: \_\_\_\_\_  
 Referred for: \_\_\_\_\_  
 Date of Appt if made: \_\_\_\_\_

##### Referral Type *(circle one)*

200.01 Primary Care      200.02 Dentist  
 200.03 Mental Health      200.04 Specialist  
 200.05 Optometry      200.06 Non-Medical

Referred to: \_\_\_\_\_  
 Referred for: \_\_\_\_\_  
 Date of Appt if made: \_\_\_\_\_

#### Health Care Plan Referrals

*(Circle all that apply)*

300.03 Immunization      300.02 Dental Varnish  
 300.04 HIV Test      300.06 Pap Test  
 300.07 Bld Pressure      300.08 BMI

#### Interpretation & Transportation

*What are you providing this service for?*

800.39 Primary care      800.40 Specialty  
 800.41 Dental      800.42 Behavioral health  
 800.44 Other      800.46 Social services

##### Interpretation time *(circle one)*

400.01 30 min      400.02 45 min      400.03 60+min

##### Transportation time *(circle one)*

500.01 15 min      500.03 45 min      500.05 90 min  
 500.02 30 min      500.04 60 min      500.06 120+ min

#### Providing Resources

*(circle all that apply)*

600.13 Car Seat      600.10 Sunglasses  
 600.09 First Aid Kit      600.06 Toiletries  
 600.12 HIV/Oraquick Test  
 600.17 Dental Varnish Applied  
 600.14 Dental Supplies  
 600.01 Clothing (Qty. \_\_\_\_\_)  
 600.15 Colon Cancer Screen Given  
 600.21 Colon Cancer Screen Collected  
 600.03 Condoms (Qty. \_\_\_\_\_)  
 600.08 Folic Acid (Qty. \_\_\_\_\_)  
 600.02 Food (Qty. \_\_\_\_\_)  
 600.04 OTC meds (Qty. \_\_\_\_\_)  
 600.05 Prescriptions (Qty. \_\_\_\_\_)  
 600.07 Vitamins (Qty. \_\_\_\_\_)  
 600.11 Other: \_\_\_\_\_ (Qty. \_\_\_\_\_)

### HEALTH EDUCATION

*(Circle all that apply)*

900.01 911  
 900.57 Alcohol/ drug use  
 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  
 900.65 Colon Cancer Screening  
 900.10 Dental  
 900.11 Diabetes  
 900.12 Disaster Preparedness  
 900.13 Domestic Violence  
 900.47 DWI  
 900.14 Emotional Health  
 900.61 Exercise  
 900.15 Family Planning  
 900.16 First Aid  
 900.17 Folic Acid  
 900.18 Green Tobacco Sickness  
 900.09 Heat Illness  
 900.19 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  
 900.64 PAP Screening  
 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  
 900.38 Sun Exposure  
 900.39 Tuberculosis  
 900.40 Vision/Eye Care  
 900.41 Vitamins  
 900.45 Water Safety  
 900.42 Other: \_\_\_\_\_  
 900.42 Other: \_\_\_\_\_  
 900.42 Other: \_\_\_\_\_

#### Other Outreach Activities

700.01 BP # \_\_\_\_\_      700.03 Glucose # \_\_\_\_\_  
 700.02 BMI # \_\_\_\_\_      700.04 Other: \_\_\_\_\_  
 800.XX Unmet Need: \_\_\_\_\_      700.05 Outreach/ Clinic Services Provided  
 CMSV110.01 RHS-15 screening      CMSV120.01 AIR Protocol (pesticides)  
 800.47 Substance use screening