2020 NC Farmworker Health Program Enabling Services Encounter Form

Patient Name: _____ Service Date: _____

Address: _____ Provider Name: _____

_____ Time Spent w/ Patient: _____

Patient DOB: _____ Age: _____ ☐ In-person ☐ Telephone ☐ Video call

CASE MANAGEMENT

Assessment *(circle one)*

100.01 Initial Health Assessment (original)
100.05 COVID-19 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)*

600.18 ACA/Insurance 300.04 HIV Test
300.07 Bld Pressure 300.03 Immunization
300.08 BMI 300.06 Pap Test
300.02 Dental Varnish

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._____)
600.22 PPE
600.23 Cleaning supplies
600.11 Other: _____ (Qty._____)

Other Outreach Activities

700.01 BP # _____
700.02 BMI # _____
800.XX Unmet Need: _____
CMSV110.01 RHS-15 screening
800.47 Substance use screening
700.03 Glucose # _____
700.09 A1C* _____
**Schedule a departure visit if needed*
700.04 Other: _____
CMSV120.01 AIR Protocol (pesticides)
700.05 Outreach/ Clinic Services Provided

COVID-19 Case Management *(Circle all that apply)*

CM100.03 COVID-19 symptoms screening*
*date of symptoms onset: _____
CM100.04 COVID-19 follow up
CM700.10 Health department referral
CM700.11 911/ER referral
HE900.70 COVID-19 health education

COVID-19 status *(Choose one)*
CM900.01 suspected (has symptoms)
CM900.02 presumed positive (by provider)
CM900.03 tested positive
CM900.04 tested negative

If applicable:
CM900.05 recovered CM900.0 high risk CM700.12 fatality

HEALTH EDUCATION

(Circle all that apply)

900.01 911
900.37 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
900.63 Insurance/ACA
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: _____