

## 2020 NC Farmworker Health Program Enabling Services Encounter Form

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

Service Date: \_\_\_\_\_  
 Provider Name: \_\_\_\_\_  
 Time Spent w/ Patient: \_\_\_\_\_  
 In-person     Telephone     Video call

### CASE MANAGEMENT

### HEALTH EDUCATION

Assessment <i>(circle one)</i>	Interpretation & Transportation	(Circle all that apply)
100.01 Initial Health Assessment (original)	<i>What are you providing this service for?</i>	900.01 911
100.05 COVID-19 Health Assessment	800.39 Primary care    800.40 Specialty	900.37 Alcohol/ drug use
100.02 Follow Up	800.41 Dental    800.42 Behavioral health	900.02 Anemia
	800.44 Other    800.46 Social services	900.03 Athlete's Foot
Referrals		900.04 Back Pain
<i>Referral Type (circle one)</i>	<i>Interpretation time (circle one)</i>	900.46 Cancer
200.01 Primary Care    200.02 Dentist	400.01 30 min    400.02 45 min    400.03 60+ min	900.05 Car Seat
200.03 Mental Health    200.04 Specialist		900.06 Child Care/Parenting
200.05 Optometry    200.06 Non-Medical	<i>Transportation time (circle one)</i>	900.07 Child Development
700.10 Health Dept.    700.11 911/ER	500.01 15 min    500.03 45 min    500.05 90 min	900.08 Cholesterol
<i>Referred to:</i> _____	500.02 30 min    500.04 60 min    500.06 120+ min	900.48 Clinic Services
<i>Referred for:</i> _____		900.65 Colon Cancer Screening
<i>Date of Appt if made:</i> _____		900.70 COVID-19
Referrals	Providing Resources <i>(circle all that apply)</i>	900.10 Dental
<i>Referral Type (circle one)</i>	600.13 Car Seat    600.28 Pulse oximeter	900.11 Diabetes
200.01 Primary Care    200.02 Dentist	600.23 Cleaning supplies    600.10 Sunglasses	900.71 Digital Literacy
200.03 Mental Health    200.04 Specialist	600.01 Clothing (Qty. _____)    600.27 Thermometer	900.12 Disaster Preparedness
200.05 Optometry    200.06 Non-Medical	600.15 Colon Cancer Screen Given    600.06 Toiletries	900.13 Domestic Violence
700.10 Health Dept.    700.11 911/ER	600.21 Colon Cancer Screen Collected    600.07 Vitamins (Qty. _____)	900.47 DWI
<i>Referred to:</i> _____	600.03 Condoms (Qty. _____)	900.14 Emotional Health
<i>Referred for:</i> _____	600.14 Dental Supplies	900.61 Exercise
<i>Date of Appt if made:</i> _____	600.17 Dental Varnish Applied	900.15 Family Planning
Health Care Plan Referrals <i>(Circle all that apply)</i>		900.16 First Aid
600.18 ACA/Insurance    300.04 HIV Test	600.09 First Aid Kit	900.17 Folic Acid
300.07 Bld Pressure    300.03 Immunization	600.08 Folic Acid (Qty. _____)	900.18 Green Tobacco Sickness
300.08 BMI    300.06 Pap Test	600.02 Food (Qty. _____)	900.09 Heat Illness
300.02 Dental Varnish    300.16 COVID-19 Test	600.12 HIV/Oraquick Test	900.19 HIV/AIDS/STIs
	600.24 Hotspot	900.20 Hypertension
	600.04 OTC meds (Qty. _____)	900.21 Immunizations
	600.22 PPE	900.22 Insect/Snake Bite
	600.05 Prescriptions (Qty. _____)	900.63 Insurance/ACA
		900.23 Lead Exposure
Other Outreach Activities		900.24 Liv. Conditions/Sanitation
700.01 BP # _____	700.03 Glucose # _____	900.25 Medication Use
700.02 BMI # _____	700.09 A1C* _____	900.26 Nutrition
	<i>*Schedule a departure visit if needed</i>	900.64 PAP Screening
800.XX Unmet Need: _____	700.04 Other: _____	900.28 Personal Hygiene
CMSV110.01 RHS-15 screening	CMSV120.01 AIR Protocol (pesticides)	900.29 Pesticides
800.47 Substance use screening	700.05 Outreach/ Clinic Services Provided	900.32 Prenatal
		900.33 Respiratory/Asthma
COVID-19 Case Management <i>(Circle all that apply)</i>		900.34 Seat Belt
CM100.03 COVID-19 symptoms screening* <i>*date of symptoms onset: _____</i>	<b>COVID-19 status</b> <i>(Choose one)</i> { CM900.01 suspected (has symptoms) CM900.02 presumed positive (by provider) CM900.03 tested positive CM900.04 tested negative <i>If applicable:</i>	900.35 Skin/Wound Care
CM100.04 COVID-19 follow up		900.44 Smoking
CM600.26 COVID-19 test provided		900.38 Sun Exposure
CM600.25 Hotspot management		900.40 Vision/Eye Care
	CM900.05 recovered    CM900.0 high risk    CM700.12 fatality	900.41 Vitamins
		900.45 Water Safety
		900.42 Other: _____
		900.42 Other: _____