

2021 NC Farmworker Health Program Enabling Services Encounter Form

Patient Name: _____

Service Date: _____

Address: _____

Provider Name: _____

Patient DOB: _____ Age: _____

Time Spent w/ Patient: _____

In-person Telephone Video call

CASE MANAGEMENT

HEALTH EDUCATION

Assessment <i>(circle one)</i>	Interpretation & Transportation	<i>(Circle all that apply)</i>
100.01 Initial Health Assessment (original)	<i>What are you providing this service for?</i>	900.01 911
100.02 Follow Up	800.39 Primary care 800.40 Specialty	900.37 Alcohol/ drug use
100.04 COVID-19 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	<i>Interpretation time (circle one)</i>	900.04 Back Pain
<i>Referral Type (circle one)</i>	400.01 30 min 400.02 45 min 400.03 60+min	900.04 Cancer
200.01 Primary Care 200.02 Dentist	<i>Transportation time (circle one)</i>	900.05 Car Seat
200.03 Mental Health 200.04 Specialist	500.01 15 min 500.03 45 min 500.05 90 min	900.06 Child Care/Parenting
200.05 Optometry 200.06 Non-Medical	500.02 30 min 500.04 60 min 500.06 120+ min	900.07 Child Development
700.10 Health Dept. 700.11 911/ER		900.08 Cholesterol
<i>Notes:</i> _____	Providing Resources	900.08 Clinic Services
_____	<i>(circle all that apply)</i>	900.65 Colon Cancer Screening
Health Care Plan Referrals	600.13 Car Seat	900.70 COVID-19
<i>(Circle all that apply)</i>	600.23 Cleaning supplies	900.72 COVID-19 vaccine
600.18 ACA/Insurance 300.04 HIV Test	600.01 Clothing (Qty.____)	900.10 Dental
300.07 Bld Pressure 300.03 Immunization	600.15 Colon Cancer Screen Given	900.11 Diabetes
300.08 BMI (not COVID-19)	600.21 Colon Cancer Screen Collected	900.71 Digital Literacy
300.17 COVID-19 Vaccine 300.06 Pap Test	600.03 Condoms (Qty.____)	900.12 Disaster Preparedness
300.16 COVID-19 Test	600.14 Dental Supplies	900.13 Domestic Violence
300.02 Dental Varnish	600.17 Dental Varnish Applied	900.47 DWI
Other Outreach Activities	600.09 First Aid Kit	900.14 Emotional Health
700.09 A1C* _____	600.08 Folic Acid (Qty.____)	900.61 Exercise
<i>*Schedule a departure visit if needed</i>	600.02 Food (Qty.____)	900.15 Family Planning
CMSV120.01 AIR Protocol (pesticides)	600.12 HIV/Oraquick Test	900.16 First Aid
700.02 BMI # _____	600.24 Hotspot	900.17 Folic Acid
700.01 BP # _____	600.04 OTC meds (Qty.____)	900.18 Green Tobacco Sickness
600.26 COVID-19 test provided	600.22 PPE	900.09 Heat Illness
700.03 Glucose # _____	600.05 Prescriptions (Qty.____)	900.19 HIV/AIDS/STIs
600.25 Hotspot management	600.28 Pulse oximeter	900.20 Hypertension
700.05 Outreach/ Clinic Services Provided	600.10 Sunglasses	900.21 Immunizations
CMSV110.01 RHS-15 screening	600.27 Thermometer	900.22 Insect/Snake Bite
800.XX Unmet Need: _____	600.06 Toiletries	900.63 Insurance/ACA
700.04 Other: _____	600.07 Vitamins (Qty.____)	900.23 Lead Exposure
	600.11 Other: _____	900.24 Liv. Conditions/Sanitation
Encounter Definitions	Other COVID-19	900.25 Medication Use
<p>Health education: talking with a patient in an <i>interactive</i> manner to promote knowledge regarding health and healthy behaviors.</p> <p>Case management: Assisting a patient in the <i>management</i> of their health and social needs</p>	<p>Vaccine provided:</p> <p>CM700.17 Janssen</p> <p>CM700.13 Moderna dose 1</p> <p>CM700.14 Moderna dose 2</p> <p>CM700.15 Pfizer dose 1</p> <p>CM700.16 Pfizer dose 2</p>	<p>COVID-19 status:</p> <p>CM900.01 suspected (has symptoms)</p> <p>CM900.02 presumed positive (by provider)</p> <p>CM900.03 tested positive</p> <p>CM900.04 tested negative</p> <p style="margin-left: 20px;"><i>If applicable</i> {</p> <p style="margin-left: 40px;">CM900.05 recovered</p> <p style="margin-left: 40px;">CM900.0 high-risk</p> <p style="margin-left: 40px;">CM700.12 fatality</p>
	<p>900.32 Prenatal</p> <p>900.33 Respiratory/Asthma</p> <p>900.34 Seat Belt</p> <p>900.35 Skin/Wound Care</p> <p>900.44 Smoking</p> <p>900.38 Sun Exposure</p> <p>900.40 Vision/Eye Care</p> <p>900.41 Vitamins</p> <p>900.45 Water Safety</p> <p>900.42 Other: _____</p>	