Georgia Department of Public Health

(ENCOUNTER FORM)

ENCOUNTER DATE: ___ /___ / _____ *(mm/dd/yyyy)* ☐☐☐☐☐☐☐☐☐☐☐☐☐

(URN)

SERVICE NAME

☐ Linkage Case Management ☐ Other: _____

TYPE OF ENCOUNTER

☐ Phone Call ☐ Letter ☐ Face-to-face ☐ Home Visit ☐ E-mail

☐ Other: _____

Time of appointment: _____ a.m. / p.m.

Person attempted to reach:

☐ Client/Out-of-Care individual ☐ Alternative Contact 1 ☐ Alternative Contact 2

ACTION TAKEN

☐ Linkage to medical care
Specify: _____
_____

☐ Client received copy of medical care linkage consent form

☐ Linkage to non-medical care
Specify: _____
_____

☐ Client received copy of non-medical care linkage consent form

Service Comments:

Employee's Name: _____ (First) _____ (Last)