

Social Security Number: \_\_\_\_\_

Time in to Triage \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Time in to Provider \_\_\_\_\_

Health Care For The Homeless, Inc  
Mental Health Team Encounter Record

Today's Date / /

Name \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
HCH ID#

Appt With \_\_\_\_\_ At \_\_\_\_\_  
 Walk -In T n a g e Cat# \_\_\_\_\_  
 On Call Referral

I. Site (Must Circle One) 1 HCH 2. Other [ ] [ ] [ ] [ ]

II. Insurance/Benefit Status (Circle Only One) PA # IMA# \_\_\_\_\_

- 2. Medicaid \_ H C H \_\_\_ Other MCO Code \_\_\_\_\_
- 1. MPC (PCMI) \_HCH \_\_\_ Other Provider \_\_\_\_\_
- 4. Pharmacy Assistance \_\_\_\_\_
- 7. Pending PA Date Applied \_\_\_\_\_
- 5. Medicare \_\_\_\_\_
- 3. VA Benefits \_\_\_\_\_
- 6. None \_\_\_\_\_
- 8. Unknown \_\_\_\_\_
- 9. Other [ ] [ ] [ ] [ ] [ ] [ ]

III. Where Did The Client Spend Last Night (Must Circle One)

- 1. Shelter
- 2. Transibonai Shelter
- 3. Doubling-Up
- 4. Street
- 5. Other
- 6. Hospital
- 7. Unknown
- 8. Housed
- 9. Jail/Prison

IV. HCH Tracking (Check Any That Apply, Circle If It's New):  Ryan White  Addiction Outpatient Program  Viola  N/A

Staff Completing above Items

Staff Completing above Items

Contact Info \_\_\_\_\_ C/O \_\_\_\_\_ (If Applicable) \_\_\_\_\_  
Street City State Zip Telephone #

V. Special Risk Data (In The Last 6 Months)

No	Yes	NoAssess	
0	1	99	2 Heterosexual Risk
0	1	99	7. Men Having Sex With Men
0	1	99	3. Injection Drug Use
0	1	99	4. Non-Injections Drug Use
0	1	99	5. Alcohol Use
0	1	99	6. Tobacco Use

Last Tested for HIV?

Tested  >6 months  <6 months  
 Never Tested  
 No Assess  
Result: POS  NEG  UNK

VI. Assessments

- 1 IPSE date last done  / N / d / t / d o n e
- 2 IAF date last done  / N / d / t / d o n e
- 3 PSYC date last done  / N / o / t / d o n e

Chart Not Available

VII. Emergency Room Visit Since Last HCH Visit?  No  Yes  Not Assessed If Yes, why?  Clinic Closed  Services CutOff  Sent by HCH  Other  Location

VIII. Hospital Admit Since Last HCH Visit?  NO  Yes  Not Assessed If Yes, why?  Clinic Closed  Services CutOff  Sent by HCH  Other  ILOCallOn

IX CPT Codes (Circle All That Apply)

- 90801 Psychiatric Diagnostic Interview Examination Including History, Mental Status Or Disposition
- 90804 Adult Individual Therapy (20-30 Min)
- 90805 Adult Individual Therapy With Rx (20-30 Min)
- 90806 Adult Individual Therapy (45-60 Min)
- 90807 Adult Individual Therapy With Rx(45-50 Min)
- 90808 Adult Individual Therapy (75-80 Min)
- 90809 Adult Individual Therapy With Rx (75-80 Min)
- 90841 Individual Medical Psychotherapy By A Provider Time Unspecified
- 90853 Group Therapy Per Patient 45-60 (Max 14 Patients)
- 90862 Pharmacologic Management

X. Reportable interventions (Circle All That Apply)

- 5. Eligibility Assistance
- 6. Relationship Building
- 7. Cnsis intervention
- 10. Health Education
- 11. Individual Counselmg
- 12. Group Counseling [ ] [ ] [ ] [ ]
- 13. Prescriptions # \_\_\_\_\_
- 14. other [ ] [ ] [ ] [ ] [ ] [ ]
- 16 Food
- 15 Transportation

# T o k e n s # Cab Voucher(s)\_

Client Signature \_\_\_\_\_

Signature & Title Of Provider Completing Encounter

1<sup>st</sup> Provider

Signature & Title Of Provider Completing Encounter

2<sup>nd</sup> Provider

Was A Reimbursable Service Provided? (Circle One) No Yes  
(If Yes You Must Complete The Reverse Side)

**HIV & HEPATITIS**

56 042 AIDS  
 56 V08 HIV + Asymptomatic  
 57 042 HIV+ Symptomatic  
 186 070.1 Hepatitis A  
 35 070.30 Hepatitis B  
 117 070.51 Hepatitis C

**MENTAL HEALTH - PRIMARY ONLY**

162 309 Adjustment Disorde  
 161 300 Anxiety Disorder  
 158 296 Bipolar I, Depressed/Manic  
 157 296.89 Bipolar II  
 Borderline-Intellectual  
 166 V6289 Function  
 221 311 Depression NOS  
 159 296 Major Depression  
 156 297.1 Paranoid Disorder  
 163 301 Personality Disorder  
 175 309.81 Posttraumatic Stress Disorder  
 173 298.9 Psychotic Disorder NOS  
 172 295.70 Schizo-Affective Disorder  
 155 295 Schizophrenia

**SUBSTANCE ABUSE - SECONDARY ONLY**

68 305.00 Alcohol Abuse  
 167 303.90 Alcohol Dependence  
 208 305.60 Cocaine Abuse  
 209 304.20 Cocaine Dependence  
 210 305.20 Marijuana Abuse  
 211 304.30 Marijuana Dependence  
 212 305.50 Opiod Abuse  
 213 304.00 Opiod Dependence  
 170 305 Other Drug Abuse  
 169 304 - Other Drug Dependence  
 214 305.90 PCP Abuse  
 215 304.80 Polysubstance Dependence  
 216 305.50 Sedative, Hypnotic, Anxiolytic  
 Abuse  
 217 304.10 Sedative, Hypnotic, Anxiolytic  
 Dependence  
 218 292.84 Substance Induced Mood  
 Disorder  
 219 292.12 Substance Induced  
 Psychosis  
 220 292.89 Substance Induced Anxiety  
 Disorder

Outreach Progress Notes:

**Baseline Update (Please Complete On Outreach Or If Different Than What Is Currently In Baseline)**

Sex: (Check One):  Male  Female

Race: (Check One):

White  Black  Hispanic  Asian  American Indian  Other

Education (Check One That Best Describes The Highest Level

Completed):

None  Grade School  Some High School  HS Grad/GED

Vocational/Tech School  Some College  College Grad

Social Security #: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Marital Status:

Single  Married  Separated/ Divorced/ Widowed

SSI/SSDI Benefits:  Yes  No  Pending

Veterans Benefits  Yes  No