

Patient Encounter Notes

A progress note should be completed every time you have an encounter with a patient.

PATIENT NAME	CCP ID
CHW	DHS SITE

ENCOUNTER INFORMATION

ENCOUNTER TYPE	<input type="checkbox"/> FACE TO FACE	LOCATION	<input type="checkbox"/> CLINIC	<input type="checkbox"/> HOME	
	<input type="checkbox"/> TELEPHONE		<input type="checkbox"/> OTHER _____		
DATE		TIME		LENGTH OF TIME	

ENCOUNTER PROGRESS NOTE

INTERVENTIONS: Check all interventions used during encounter with patient.	GOAL(S) REVIEWED
<input type="checkbox"/> ACCOMPANIMENT <input type="checkbox"/> Medical <input type="checkbox"/> Behavioral Health	Need addressed: _____ _____ _____
<input type="checkbox"/> ACTIVE DISEASES MANAGEMENT SUPPORT	What you did to address Need: _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> BEHAVIORAL HEALTH SYSTEM NAVIGATION	
<input type="checkbox"/> CARE PLAN <input type="checkbox"/> Quarterly _____ <input type="checkbox"/> Annual	
<input type="checkbox"/> CARE TRANSITION	
<input type="checkbox"/> COMPREHENSIVE SURVEY	
<input type="checkbox"/> FACILITATOR'S GUIDE CONVERSATION Type _____	Patient's response/outcome: (Include "aha" moments) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> HEALTH CRISIS MITIGATION	
<input type="checkbox"/> MEDICATION ADHERENCE	
<input type="checkbox"/> MEDICATION MONITORING	
<input type="checkbox"/> MEDICAL SYSTEM NAVIGATION	
<input type="checkbox"/> PROGRAM INTAKE	
<input type="checkbox"/> SOCIAL CRISIS MITIGATION	
<input type="checkbox"/> SOCIAL SERVICE LINKAGE	
<input type="checkbox"/> SOCIAL SYSTEM NAVIGATION	
<input type="checkbox"/> WRAP PLAN DEVELOPED	Plan: _____ _____ _____ _____ _____
<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> SIGNIFICANT LIFE EVENT (complete SLE Form and submit to Admin)	
	_____ Service Provider Signature _____ Date

CCP Patient Non-Encounter Activity Log

Please use this log to document any patient related activities that does not require an intervention and plan.

Date	Time	Patient Non-Encounter Activity Type	Patient Non-Encounter Activity Note
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	
		<input type="checkbox"/> Appt. Reminder <input type="checkbox"/> Mailed Letter <input type="checkbox"/> Left Message <input type="checkbox"/> Patient Search <input type="checkbox"/> Home Visit <input type="checkbox"/> Patient No-show Appt. <input type="checkbox"/> Other (explain in note section)	

*Use this log for active patients only.