

# Outreach Encounter Form

Date of Encounter \_\_\_/\_\_\_/\_\_\_ DATE

Client ID \_\_\_\_\_ CLIENTID

Outreach Worker(s) Initials: \_\_\_\_\_ OWINITLS

Number of Outreach Workers: \_\_\_\_\_ OWNUMBER

**Location of Contact** (check one) LOCATION

Streets, parks, open space 1	
Mobile van 2	
Client house or apartment 3	
Client non-permanent residence (shelter, SRO) 4	
Outreach program office 5	
Other social service agency 6	
Medical setting (clinic, hospital) 7	
Residential treatment program 8	
Correctional setting 9	
Other community setting (bar, club, drop-in ctr) 10	
Other (specify): _____ 11 & OTHRLOC	
Not Applicable (not face-to-face) 12	

**Outreach Staff Code(s):**  
Circle all that apply below

Peer Outreach worker POW	1
Non-peer Outreach worker NPOW	2
Case Manager CM	3
Social Worker SW	4
Mental Health Clinician MHC	5
Substance Abuse Counselor SAC	6
Nurse N	7
Physician P	8
Nurse Practitioner/Physician Assistant NPPA	9
Administrative Staff AS	10
Client Volunteer CV	11
Staff Volunteer SV	12
Other (specify): _____ O & OTHRSTAF	13

**Purpose/Content of Outreach Encounter** (check all that apply)

Provide information about the program INFOPROG	
Provide general HIV education GENHIV	
Provide specific HIV risk reduction/counseling SPEHIV	
HIV or STD testing HIVSTD	
Provide information about HIV medications INFOHIVM	
Appointment reminder APPTREM	
Appointment rescheduling APPTRSCH	
Provide concrete services (e.g., provide transport for errands, food/ transport vouchers) CONCR	
Provide harm reduction supplies (condoms, bleach) HRS	
Relationship-building RELBUILD	
Accompany client to medical appointment ACCMED	
Accompany client to other appointment ACCOTHR	
Provide assistance with benefits/entitlements PROVASST	
Refer to or make appointment for health care REFHC	
Refer to or make appt. for housing services REFHS	
Refer to substance abuse treatment REFAB	
Refer to needle exchange REFNE	
Refer to or make appt. for mental health care REFMH	
Refer to or make appt. for other services REFOTHR	
Provide medical services PROVMEDES	
Provide mental health counseling PROVMENT	
Provide other counseling PROVOTHR	
Provide service coordination SRVCCRDN	
Provide crisis intervention CRSINTRV	
Perform client needs assessment CLNTNEED	
Advocate for client ADVCLNT	
Refer to or make appointment for dental services DENTAL	
Other: (specify) _____ OTHR1 & OTHRPC1	
Other: (specify) _____ OTHR2 & OTHRPC2	

**Duration of Contact** (check one) DURAT

Attempted Contact* 0	
≤ 5 minutes 1	
6-14 minutes 2	
15-29 minutes 3	
30-59 minutes 4	
1 hour - 1 1/2 hours 5	
1 1/2 - 2 hours 6	
>2 hours 7	

\*Check only if you left a message regarding a medical appointment or referral to any HIV services.

**Type of Contact** (check one) TYPE

Face-to-face 1	
Telephone 2	
Letter 3	
Email/internet 4	
Collateral Contact 5	
Other (specify): _____ 6 & OTHRTYPE	

Note: Please erase, white-out or cut out these notes before submitting to CORE

Client "Street" Name: \_\_\_\_\_

Location Notes:

Other Notes: