



Encounter Form

Encounter ID:

Organization:

Location:

Client ID

Name / Nickname / Initials:



Date of Service:

Client Intake Form:

Secondary Exchanger:

Number of people distributing to

Supplies	Quantity
Syringes Returned (Estimated)	<input type="text"/>
Syringes Dispensed	<input type="text"/>
Syringes Dispensed Type 1	<input type="text"/>
Syringes Dispensed Type 2	<input type="text"/>
Syringes Dispensed Type 3	<input type="text"/>
Syringes Dispensed Type 4	<input type="text"/>
Syringes Dispensed Type 5	<input type="text"/>
Cookers	<input type="text"/>
Cottons, Filters	<input type="text"/>
Tourniquets	<input type="text"/>
Sterile Water	<input type="text"/>

Sharps Containers (1 Qt)	<input type="text"/>
Sharps Containers (lg)	<input type="text"/>
Acidifiers (Breakdown)	<input type="text"/>
Fentanyl Test Strips	<input type="text"/>
Alcohol Wipes or Swabs	<input type="text"/>
Bandages	<input type="text"/>
Gauze	<input type="text"/>
Triple Antibiotic	<input type="text"/>
Straws for Snorting	<input type="text"/>
Plastic Razor Blades/Cards	<input type="text"/>
Chore Boy	<input type="text"/>
Pipe Covers	<input type="text"/>
Pipes	<input type="text"/>
External (Male) Condoms	<input type="text"/>
Internal (Female) Condoms	<input type="text"/>
Lubricant	<input type="text"/>
Menstrual Hygiene Supplies	<input type="text"/>
General Hygiene Supplies	<input type="text"/>

Vaccinations Given	Given
Hepatitis A Vaccine	<input type="checkbox"/> Yes
Hepatitis B Vaccine	<input type="checkbox"/> Yes
Other: <input type="text"/> <input type="button" value="Referral"/>	<input type="checkbox"/> Yes

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Overdose Prevention and Substance Use Treatment	Quantity
Naloxone (Injectable) Rescue Kits Dispensed	<input type="text"/>
Narcan (Nasal) Rescue Kits Dispensed	<input type="text"/>
<p>Last rescue kit(s) issued was(were)?:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Used to successfully reverse an overdose <input type="checkbox"/> Used in an unsuccessful attempt to reverse an overdose <input type="checkbox"/> Given away <input type="checkbox"/> Confiscated by police <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Expired <input type="checkbox"/> Damaged/Destroyed <input type="checkbox"/> Other: <input type="text"/> 	
Overdoses Reversed with Naloxone since Last Visit	<input type="text"/>

Client **referred** to substance use treatment? If so, type:

- ☐ Medication Assisted Treatment (MAT)
- ☐ Inpatient
- ☐ Outpatient
- ☐ Support group (12-step, SMART)
- ☐ Other

Client **currently engaged** in substance use treatment? If so, type:

- ☐ Suboxone/Subutex
- ☐ Methadone
- ☐ Vivitrol
- ☐ Medication Assisted Treatment (MAT)
- ☐ Inpatient
- ☐ Outpatient
- ☐ Support group (12-step, SMART)
- ☐ Other

Testing for Communicable Diseases

Client tested for HIV:

If yes, HIV Test Result:

☐ Positive☐ Negative☐ Unknown☐ Pending

If positive, reported to public health:

☐ Yes☐ No

Client referred to care:

☐ Yes

Referral

☐ No

Client tested for Hepatitis B:

If yes, Hepatitis B Test Result:

☐ Positive☐ Negative☐ Unknown☐ Pending

If positive, reported to public health:

☐ Yes☐ No

Client referred to care:

☐ Yes

Referral

☐ No

Client tested for Hepatitis C antibody
(rapid or blood draw):

If yes, Hepatitis C Test Result:

☐ Positive☐ Negative☐ Unknown☐ Pending

All results reported to public health:

☐ Yes☐ No

Client referred to care:

☐ Yes

Referral

☐ No

Client tested for HCV RNA:

If yes, HCV RNA Test Result:

☐ Positive☐ Negative☐ Unknown☐ Pending

All results reported to public health:

☐ Yes☐ No

Client referred to care:

☐ Yes

Referral

☐ No

Client Notes:

Date	User	Note

Save

Close

Next

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