Date:

Encounter Form

Demographics

Full Name:_____

DOB:_____

Code:_____

Phone:_____

Address or " Unsheltered" if applicable:

_____

_____

Race/Ethnicity:_____

Allergies:_____

- **COVID-19: Exposure, Travel, Symptoms last 14?**
- **Substances used in last 30 days:**

Health Assessment			
Sexual Activity: 3 months			
Currently sexually active	Yes	NO	
Unprotected sex	Yes	NO	N/A
Skin Health:			
Do you currently have skin infection/abscess/rash/ulcers/sores	Yes	NO	

Substance Use Acivity: 3 months			
Do you ***use*** substances	Yes	NO	
Inject Substances	Yes (How long)	NO	
Previously diagnosed	HIV: Y /N /U	Hepatitis C: Y/N /U	Treated: Y/N/U
Vaccine History:			
Flu vaccine in the past 12 months	Yes	No	Unknown
Complete Hepatitis A/B	Yes	No	Unknown
COVID-19	Yes	No	Unknown

STOP HERE OFFICE USE ONLY: Services Receiving	
Chlamydia/Gonorrhea	**HIV**
☐ Urine ☐ Pharyngeal ☐ Rectal	☐ Rapid Rapid Results: _____ ☐ Confirmatory Ab/Ag
Syphilis	**HCV**
☐ IGG ☐ RPR	☐ Rapid Rapid Results: _____ ☐ RNA Viral Load
Skin Health	**Vaccine**
☐ Assessment	☐ Flu ☐ Other:

Rapid Testing	
HCV	**HIV**
Lot Number:_____ Exp:_____ ☐ Rapid Rapid Results: _____ ☐ RNA Viral Load	Lot Number:_____ Exp:_____ ☐ Rapid Rapid Results: _____ ☐ Confirmatory Ab/Ag

Room Temp: **Start Time:** **End Time:**

Skin Infection/Wound Care	
VITALS	**CHIEF COMPLAINT**
TEMP: B/P: RESP: PULSE:	TYPE OF WOUND/INFECTION:
FAMILY/PERSONAL HISTORY	**ASSESSMENT AND PLAN**
PERTINANT FAMILY/PERSONAL HX: HX OF ENDOCARDITIS: ALLERGIES: MEDICATIONS:	#/LOCATION(S): FEVERS: DRAINAGE: LANCED: MEDS IN OFFICE: RX/PHARMACY:

NOTES