

Encounter

Client Name _____

Therapist _____

1. Encounter Type

- Individual
- Group
- Family
- Residential

2. Event Type

- Admission
- Crisis Intervention
- Placement Screening/OWI

3. Program Name:

4. Service Location:

5. Primary Modality

- Detox
- Maintenance
- Medication Free
- Other

6. Encounter Start Date: _____

Encounter End Date: _____

7. Duration: _____

8. # of Sessions: _____

9. Primary Payment Source:

- No Charge
- NA/ No other payment source
- Client Self Pay
- Blue Cross/Blue Shield
- HMO
- Other Health Insurance
- Medicaid
- Medicare
- Workers' Comp
- Other Government
- IDPH/Non Medicaid Eligible
- RTSS
- Private Pay
- Medicare/Medicaid Eligible
- Medicare/Non Medicaid Eligible
- Hawk-I
- Unknown

10. Ancillary Services

- None
- Childcare
- Educational
- Financial Counseling
- Gambling
- Healthcare
- Case Management
- Daily Living Skills
- Mental Health Care
- Mentoring Service
- Nutritional Counseling
- Parenting Training
- Physical/Sexual Abuse
- Transportation
- Tutoring Services
- Vocational

11. Medications

- None
- Antabuse
- LAAM
- Methadone
- Naltrexone
- Other

12. Frequency

- None
- Daily
- Five times weekly
- Four times weekly
- Three times weekly
- Twice weekly
- Once a week
- One Session
- Once a month
- Twice a month