# OUTREACH ENCOUNTER FORM

Date of Encounter: _____ / _____ / _____

                        MO XX      DAY XX     YR 20XX

Outreach Worker(s) Initials: _____

Number of Outreach Workers: _____

**Location of Outreach Encounter (check one):**

| | |
|---|---|
| Agency | |
| Mobile van | |
| Streets, parks, open space | |
| Shelter | |
| Apartment building | |
| Treatment program setting | |
| Correctional institution | |
| Community/entertainment venue (bar, club, drop-in center) | |
| Other (specify): | |
| Not applicable/Not face-to-face (specify): | |

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

| | |
|---|---|
| Provide information about agency program(s)/resource(s) | |
| Provide general HIV information | |
| Provide specific HIV risk reduction/counseling | |
| Offer HIV testing | |
| Hand out HIV prevention materials (specify): | |
| Hand out harm reduction materials (specify): | |
| Accompany client to medical appointment | |
| Accompany client to other appointment (specify): | |
| Refer or make appointment for medical care (specify): | |
| Refer or make appointment for housing services | |
| Refer or make appointment for substance use treatment | |
| Refer or make appointment for mental health services | |
| Refer to needle exchange | |
| Refer to make appointment for other services (specify): | |
| Provide medical services (specify): | |
| Provide mental health counseling (specify): | |
| Provide service coordination (specify): | |
| Provide crisis intervention (specify): | |
| Other (specify): | |

**Outreach Staff Conducting Outreach Encounter (circle all that apply):**

| | |
|---|---|
| Peer outreach worker | |
| Non-peer outreach worker | |
| Case worker | |
| Social worker | |
| Mental health clinician | |
| Substance use counselor | |
| Nurse | |
| Physician | |
| Nurse practitioner | |
| Administrative staff | |
| Client volunteer | |
| Staff volunteer | |
| Other (specify): | |

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

| | |
|---|---|
| Attempted contact | |
| <5 minutes | |
| 6–4 minutes | |
| 15–29 minutes | |
| 30–59 minutes | |
| 60–90 minutes | |
| 90–120 minutes | |
| Community/entertainment venue (bar, club, drop-in center) | |
| Other (specify): | |
| Not applicable/Not face-to-face (specify): | |

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

| | |
|---|---|
| Face-to-Face | |
| Telephone | |
| Letter | |
| E-mail | |
| Other Internet (specify): | |
| Collateral contact: | |
| Other (specify): | |
| Community/entertainment venue (bar, club, drop-in center) | |
| Other (specify): | |
| Not applicable/Not face-to-face (specify): | |

**Client Name or "Street" Name:**

_____   _____   _____

   First Name      Middle/"Street" Name     Surname

**Location Notes:** _____

_____

**Other Notes:** _____

_____