

## Client Encounter Form

<b>Patient #</b>		<b>In Clinic Survey #</b>		<b>Date:</b>	
		<b>Outreach Survey #</b>		<b>Date:</b>	
<b>Name</b>			<b>Gender</b>		<b>Date of Birth (DOB)</b>
<b>DEMOGRAPHICS</b>					
<b>Year</b>	<b>Race</b>		<b>Preferred Language</b>		<b>English Fluency (Y/N)</b>
<b>Latino (Y/N)</b>	<b>Vetaran (Y/N)</b>		<b>Housing(rent/own/employee_</b>		<b>Marital Status</b>
<b>Insurance</b>	<b>Insurance ID</b>		<b>Smoking (Y/N) quantity</b>		<b>Classification</b>
<b>Household Size</b>	<b>Household Income</b>		<b>H2A (Y/N)</b>		<b>Place of Birth (State, Country)</b>
<b>CONTACTS</b>					
<b>Home address</b>			<b>Cell phone</b>		<b>Home phone</b>
<b>Employer name</b>	<b>Employer phone</b>		<b>Alt farm contact name</b>		<b>Alt contact phone</b>
<b>INCOME</b>					
<b>Source (farm name)</b>			<b>Type(self-employ/wages)</b>		<b>Frequency-(bi)weekly</b>
<b>Hours per week</b>	<b>Hourly rate</b>	<b>Amount per pay period</b>		<b>Start (date)</b>	<b>End (date)</b>
<b>Work Schedule:</b>					
<b>Doctor Information</b>					
<b>Dentist Information:</b>					
<b>Other:</b>					
<b>Health Outreach Visit date:</b>					
<b>REFERRAL</b>					
<b>Health concern:</b>					
<b>Referred to (name of</b>			<b>Date of Apt</b>		<b>Time of Apt</b>

<b>clinic/hospital)</b>		
<b>Transportation</b>	<b>Interpretation</b>	

**NOTES:**

<b>REFERRAL</b>		
<b>Health concern:</b>		
<b>Referred to (name of clinic/hospital)</b>	<b>Date of Apt</b>	<b>Time of Apt</b>
<b>Transportation</b>	<b>Interpretation</b>	

**NOTES:**

<b>REFERRAL</b>		
<b>Health concern:</b>		
<b>Referred to (name of clinic/hospital)</b>	<b>Date of Apt</b>	<b>Time of Apt</b>
<b>Transportation</b>	<b>Interpretation</b>	

**NOTES:**

<b>REFERRAL</b>		
<b>Health concern:</b>		
<b>Referred to (name of clinic/hospital)</b>	<b>Date of Apt</b>	<b>Time of Apt</b>
<b>Transportation</b>	<b>Interpretation</b>	

**NOTES:**