## DEPARTMENT OF HEALTH AND HUMAN SERVICES
### Indian Health Service
#### COMMUNITY HEALTH REPRESENTATIVE (CHR) PATIENT CARE COMPONENT (PCC) COMPREHENSIVE ENCOUNTER RECORD

<table>
<thead>
<tr>
<th>CHR Provider Code:</th>
<th>Program Code:</th>
<th>Date of Service:</th>
</tr>
</thead>
</table>

### Patient Information
- **Patient Chart Name (Last, First MI):**
- **HRN:**
- **DOB:**
- **Sex:**
- **Tribe:**
- **Community of Residence:**

### Vital Signs/Measurements
- **BP**
- **P**
- **R**
- **BG**
- **T**
- **HT**
- **WT**
- **lb**
- **BMI**
- **WC**
- **in**
- **A1C**

<table>
<thead>
<tr>
<th>HC</th>
<th>VU – L</th>
<th>R</th>
<th>VC – L</th>
<th>R</th>
<th>LMP</th>
<th>FPM</th>
</tr>
</thead>
</table>

### Assessment / CHR PCC Purpose of Visit

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Service Code</th>
<th>Service Minutes</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Refer to CHR by:
- **1:** Medical
- **2:** Nursing
- **3:** Dental
- **4:** Eye
- **5:** Social Work
- **6:** Behavioral Health
- **7:** Other Professional
- **8:** Technician
- **9:** Agency Program
- **10:** Family/Self/Community
- **11:** CHR Program
- **12:** None

### Refer by CHR to:
- **1:** Home
- **2:** CHR Office
- **3:** Community
- **4:** Include Name of Hospital/Clinic, I/T/U or Specialty Facility with City and State
- **5:** Radio/Telephone
- **6:** None
- **7:** School

### Activity Location:
- **1:** Home
- **2:** CHR Office
- **3:** Community
- **4:** Include Name of Hospital/Clinic, I/T/U or Specialty Facility with City and State
- **5:** Radio/Telephone
- **6:** None
- **7:** School

### Travel Time:

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Number Served:</th>
<th>CHR Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Objective

<table>
<thead>
<tr>
<th>Plan/Treatments/Education/Medication</th>
<th></th>
</tr>
</thead>
</table>
# HEALTH PROBLEM CODES

## Communicable Diseases
- ME Measles
- MU Mumps
- CP Chicken Pox
- TB Tuberculosis
- HE Hepatitis
- SX Sexually Transmitted
- HI HIV / AIDS
- GE Gastroenteritis / Diarrhea
- ST Strep Throat
- IM Impetigo
- SC Scabies
- HL Head Lice
- OC Other Communicable
- OI Other Infections

## Chronic Diseases
- CA Cancer
- DM Diabetes Mellitus
- AR Arthritis
- OB Obesity
- HY Hypertension
- SK Stroke
- HT Heart
- LU Lupus
- LD Liver Disease
- CH Congestive Heart Failure
- TH Thyroid
- BD Blood Disorder
- RF Renal Failure
- OS Osteoporosis
- OX Other Chronic

## Digestive
- GA Gallbladder
- DE Dental (All)
- IB Irritable Bowel
- GD GERD
- UL Ulcers
- PC Pancreatitits
- OD Other Digestive

## Ear
- IN Infections
- HP Hearing Problems
- HA Hearing Aids
- OE Other Ear

## Behavioral Health
- SU Suicide
- NI Nicotine
- AL Alcohol
- SA Substance Abuse
- DP Depression
- SS Stress
- LA Lifestyle Adaptation
- OM Other Mental Health

## Suspected Abuse / Neglect
- CS Child A / N Suspected
- DV Domestic Abuse Suspected
- EL Elder A / N Suspected
- SL Sexual Abuse Suspected

## Health Promotion / Disease Prevention
- NU Nutrition
- BF Breast Feeding
- IZ Immunizations
- SH School Health
- IC Injury Control
- SY SIDS
- FI Fitness
- CD Community Development
- MH Men's Health
- OH Other HP / DP

## Ill-Defined Conditions
- SN Skin Conditions
- FA Fainting
- HD Headaches
- SF Surgery Follow-up
- FE Fever, unknown origin
- PA Pain, unknown origin
- PS Poisoning
- MB Mobility
- AC Accidental Injury
- AD Activities of Daily Living
- DD Developmental Disabilities

## Screening
- HB A1c
- LP Lipids
- DG Diagnostic Testing

## Maternal Child Health
- FP Family Planning
- PR Prenatal Care
- PO Postnatal Care
- WC Well Child Care
- WH Women's Health
- FF FASD

## Nervous System
- SD Seizure Disorder
- PQ Para / Quadriplegic
- DT Dementia
- SE Senility
- PK Parkinson's Disease
- ON Other Nervous System

## Respiratory
- CO Cold
- FL Flu
- AS Asthma
- AG Allergy
- CG Cough
- PN Pneumonia
- CR COPD
- SI Sinuses
- OR Other Respiratory

## Urinary Tract
- DI Dialysis
- GU Genito Urinary Disease

## Vision
- ED Eye Disease
- EC Eye Care / Glasses

## Other
- LT Leave Time
- AM Administrative / Management
- SO Socio-Economic Assistance
- TR Traditional Healing

## SERVICE CODES
- AM Administrative / Management
- CD Community Development
- CF Case Find / Screen
- CM Case Management
- EC Emergency Care
- ES Environmental Service
- HE Health Education
- HS Homemaker Services
- IT Interpret / Translate
- LT Leave Time
- MP Monitor Patient
- NF Not Found
- OP Other Patient Service
- OT Obtain Training
- PC Patient Care
- ST Staff Training
- TP Transport
<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Chart Name (Last, First Mi)</td>
</tr>
<tr>
<td>Tribe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vital Signs/Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment / CHR PCC Primary Purpose of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Problem</td>
</tr>
</tbody>
</table>

Refer to CHR by: 1 2 3 4 5 6 7 8 9 10 11 12

Refer by CHR to: 1 2 3 4 5 6 7 8 9 10 11 12

Activity Location: 1 2 3 4 5 6 7
1: Home; 2: CHR Office; 3: Community; 4: Include Name of Hospital/Clinic, I/T/U or Specialty Facility with City and State; 5: Radio/Telephone; 6: None; 7: School

Travel Time:  
Number Served:  
CHR Signature:
HEALTH PROBLEM CODES

Communicable Diseases
ME Measles
MU Mumps
CP Chicken Pox
TB Tuberculosis
HE Hepatitis
SX Sexually Transmitted
HI HIV / AIDS
GE Gastroenteritis / Diarrhea
ST Strep Throat
IM Impetigo
RA Rabies
SC Scabies
HL Head Lice
OC Other Communicable
OI Other Infections

Chronic Diseases
CA Cancer
DM Diabetes Mellitus
AR Arthritis
OB Obesity
HY Hypertension
SK Stroke
HT Heart
LU Lupus
LD Liver Disease
CH Congestive Heart Failure
TH Thyroid
BD Blood Disorder
RF Renal Failure
OS Osteoporosis
OX Other Chronic

Digestive
GA Gallbladder
DE Dental (All)
IB Irritable Bowel
GD GERD
UL Ulcers
PC Pancreatitis
OD Other Digestive

Ear
IN Infections
HP Hearing Problems
HA Hearing Aids
OE Other Ear

Behavioral Health
SU Suicide
NI Nicotine
AL Alcohol
SA Substance Abuse
DP Depression
SS Stress
LA Lifestyle Adaptation
OM Other Mental Health

Suspected Abuse / Neglect
CS Child A / N Suspected
DV Domestic Abuse Suspected
EL Elder A / N Suspected
SL Sexual Abuse Suspected

Health Promotion / Disease Prevention
NU Nutrition
BF Breast Feeding
IZ Immunizations
SH School Health
IC Injury Control
SY SIDS
FI Fitness
CD Community Development
MH Men’s Health
OH Other HP / DP

Ill-Defined Conditions
SN Skin Conditions
FA Fainting
HD Headaches
SF Surgery Follow-up
FE Fever, unknown origin
PA Pain, unknown origin
PS Poisoning
MB Mobility
AC Accidental Injury
AD Activities of Daily Living
DD Developmental Disabilities

Screening
HB A1C
LP Lipids
DG Diagnostic Testing

Maternal Child Health
FP Family Planning
PR Prenatal Care
PO Postnatal Care
WC Well Child Care
WH Women’s Health
FF FASD

Nervous System
SD Seizure Disorder
PQ Para / Quadriplegic
DT Dementia
SE Senility
PK Parkinson’s Disease
ON Other Nervous System

Respiratory
CO Cold
FL Flu
AS Asthma
AG Allergy
CG Cough
PN Pneumonia
CR COPD
SI Sinuses
OR Other Respiratory

Urinary Tract
DI Dialysis
GU Genito Urinary Disease

Vision
ED Eye Disease
EC Eye Care / Glasses

Other
LT Leave Time
AM Administrative / Management
SO Socio-Economic Assistance
TR Traditional Healing

SERVICE CODES

AM Administrative / Management
CD Community Development
CF Case Find / Screen
CM Case Management
EC Emergency Care
ES Environmental Service
HE Health Education
HS Homemaker Services
IT Interpret / Translate
LT Leave Time
MP Monitor Patient
NF Not Found
OP Other Patient Service
OT Obtain Training
PC Patient Care
ST Staff Training
TP Transport
## COMMUNITY HEALTH REPRESENTATIVE (CHR) PATIENT CARE COMPONENT (PCC) GROUP ENCOUNTER RECORD

<table>
<thead>
<tr>
<th>Activity Location</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2: CHR Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4: Include Name of Hospital/Clinic, ITU or Specialty Facility with City and State</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Radio/Telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Travel Time:  

### Number Served:  

### CHR Signature:  

## Assessment / Primary Purpose of Visit

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Service Code</th>
<th>Service Minutes</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Patient Information

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Sex</th>
<th>Patient Identifier</th>
<th>Tests/Measurements, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH PROBLEM CODES

Communicable Diseases
ME Measles
MU Mumps
CP Chicken Pox
TB Tuberculosis
HE Hepatitis
SX Sexually Transmitted
HI HIV / AIDS
GE Gastroenteritis / Diarrhea
ST Strep Throat
IM Impetigo
RA Rabies
SC Scabies
HL Head Lice
OC Other Communicable
OI Other Infections

Chronic Diseases
CA Cancer
DM Diabetes Mellitus
AR Arthritis
OB Obesity
HY Hypertension
SK Stroke
HT Heart
LU Lupus
LD Liver Disease
CH Congestive Heart Failure
TH Thyroid
BD Blood Disorder
RF Renal Failure
OS Osteoporosis
OX Other Chronic

Digestive
GA Gallbladder
DE Dental (All)
IB Irritable Bowel
GD GERD
UL Ulcers
PC Pancreatitis
OD Other Digestive

Behavioral Health
SU Suicide
NI Nicotine
AL Alcohol
SA Substance Abuse
DP Depression
SS Stress
LA Lifestyle Adaptation
OM Other Mental Health

Suspected Abuse / Neglect
CS Child A / N Suspected
DV Domestic Abuse Suspected
EL Elder A / N Suspected
SL Sexual Abuse Suspected

Health Promotion / Disease Prevention
NU Nutrition
BF Breast Feeding
IZ Immunizations
SH School Health
IC Injury Control
SY SIDS
FI Fitness
CD Community Development
MH Men’s Health
OH Other HP / DP

Ill-Defined Conditions
SN Skin Conditions
FA Fainting
HD Headaches
SF Surgery Follow-up
FE Fever, unknown origin
PA Pain, unknown origin
PS Poisoning
MB Mobility
AC Accidental Injury
AD Activities of Daily Living
DD Developmental Disabilities

Screening
HB A1c
LP Lipids
DG Diagnostic Testing

Maternal Child Health
FP Family Planning
PR Prenatal Care
PO Postnatal Care
WC Well Child Care
WH Women’s Health
FF FASD

Nervous System
SD Seizure Disorder
PQ Para / Quadriplegic
DT Dementia
SE Senility
PK Parkinson’s Disease
ON Other Nervous System

Respiratory
CO Cold
FL Flu
AS Asthma
AG Allergy
CG Cough
PN Pneumonia
CR COPD
SI Sinuses
OR Other Respiratory

Urinary Tract
DI Dialysis
GU Genito Urinary Disease

Vision
ED Eye Disease
EC Eye Care / Glasses

Other
LT Leave Time
AM Administrative / Management
SO Socio-Economic Assistance
TR Traditional Healing

SERVICE CODES
AM Administrative / Management
CD Community Development
CF Case Find / Screen
CM Case Management
EC Emergency Care
ES Environmental Service
HE Health Education
HS Homemaker Services
IT Interpret / Translate
LT Leave Time
MP Monitor Patient
NF Not Found
OP Other Patient Service
OT Obtain Training
PC Patient Care
ST Staff Training
TP Transport