DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service COMMUNITY HEALTH REPRESENTATIVE (CHR) PATIENT CARE COMPONENT (PCC) COMPREHENSIVE ENCOUNTER RECORD

CHR Provi	der Code:			Progra	m Cod	le:				Date	of Service:			
Patient Information														
Patient Cha	art Name (Last, First MI))				HRN			DOB		S	ex	
Tribe							Commun	nity of Re	esidenc	е				
	Vital Signs/Measurements													
BP		P	R	BG	Vita	T Signs/M	easureme HT	in in	WT	lb	BMI	WC	in	A1C
HC		VU – L	R			VC – L		R			LMP	F	FPM	
Health	Service	Service		Asse	ssmer	nt / CHR P	PCC Purpo	ose of V	isit					
Problem	Code	Minutes		•										
			-											
Refer to CI	HR by:	1	2	3	4	5	6	7		8	9	10	11	12
			ocial Work; 6: Bel		h; 7: Oth							1		
Refer by C	HR to:	1	2	3	4	5	6	7		8	9	10	11	12
Activity Lo	cation:	1	2	3	4							5	6	7
1: Home; 2: CH	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 Tim	e:		Number	Served:			СНІ	R Signa	ture:					
Subjective							G 1							
,														
Objective														
Objective														
Plan/Treatn	nents/Edu	cation/Medica	ation		_									

HEALTH PROBLEM CODES

Commu	ınicable Diseases	Ear			Screeni	ng
ME	Measles	IN	Infections		HB	A1c
MU	Mumps	HP	Hearing Problems		LP	Lipids
CP	Chicken Pox	HA	Hearing Aids		DG	Diagnostic Testing
TB	Tuberculosis	OE	Other Ear		Materna	I Child Health
HE	Hepatitis	Behavio	oral Health		FP	Family Planning
SX	Sexually Transmitted	SU	Suicide		PR	Prenatal Care
HI	HIV / AIDS	NI	Nicotine		РО	Postnatal Care
GE	Gastroenteritis / Diarrhea	AL	Alcohol		WC	Well Child Care
ST	Strep Throat	SA	Substance Abuse		WH	Women's Health
IM	Impetigo	DP	Depression		FF	FASD
RA	Rabies	SS	Stress			
SC	Scabies	LA	Lifestyle Adaptation			Soizura Dicardor
HL	Head Lice	OM	Other Mental Health		SD	Seizure Disorder
OC	Other Communicable				PQ	Para / Quadriplegic
OI	Other Infections	-	ted Abuse / Neglect		DT	Dementia
		CS	Child A / N Suspected		SE	Senility
	Diseases	DV	Domestic Abuse Suspected		PK	Parkinson's Disease
CA	Cancer	EL	Elder A / N Suspected		ON	Other Nervous System
DM	Diabetes Mellitus	SL	Sexual Abuse Suspected		Respira	tory
AR	Arthritis	Health I	Promotion / Disease Prevention	n	CO	Cold
OB	Obesity	NU	Nutrition		FL	Flu
HY	Hypertension	BF	Breast Feeding		AS	Asthma
SK	Stroke	IZ	Immunizations		AG	Allergy
HT	Heart	SH	School Health		CG	Cough
LU	Lupus	IC	Injury Control		PN	Pneumonia
LD	Liver Disease	SY	SIDS		CR	COPD
CH	Congestive Heart Failure	FI	Fitness		SI	Sinuses
TH	Thyroid	CD	Community Development		OR	Other Respiratory
BD	Blood Disorder	MH	Men's Health		Urinary	Tract
RF	Renal Failure	ОН	Other HP / DP		DI	Dialysis
os	Osteoporosis	III-Defin	ed Conditions		GU	Genito Urinary Disease
OX	Other Chronic	SN	Skin Conditions			
Digestiv	ve	FA	Fainting		Vision ED	Eve Diagona
GA	Gallbladder	HD	Headaches		EC	Eye Disease
DE	Dental (All)	SF	Surgery Follow-up			Eye Care / Glasses
IB	Irritable Bowel	FE	Fever, unknown origin		Other	
GD	GERD	PA	Pain, unknown origin		LT	Leave Time
UL	Ulcers	PS	Poisoning		AM	Administrative / Management
PC	Pancreatitis	MB	Mobility		SO	Socio-Economic Assistance
OD	Other Digestive	AC	Accidental Injury		TR	Traditional Healing
		AD	Activities of Daily Living			
		DD	Developmental Disabilities			
		55	SERVICE CODES			
			SEL AICE CODES			
AM	Administrative / Management			LT L	eave Time	
CD	Community Development			MP M	Ionitor Patie	ent

NF

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PC

ST

TP

Not Found

Other Patient Service

Obtain Training

Patient Care

Staff Training

Transport

Case Find / Screen

Case Management

Environmental Service

Homemaker Services

Interpret / Translate

Emergency Care

Health Education

CF

CM

EC

ES

ΗE

HS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service COMMUNITY HEALTH REPRESENTATIVE (CHR) PATIENT CARE COMPONENT (PCC) ABBREVIATED ENCOUNTER RECORD

CHR Provi	der Code:			Program	Code:			Date	of Service:				
	Patient Information												
Patient Cha	art Name (La	ast, First M	1)			HRN		DOE	}		Sex		
Tribe						Commun	ity of Resid	lence					
	Vital Signs/Measurements												
BP	1	P	R	BG	T	HT		VT lb	BMI	WC	in /	A1C	
	Assessment / CHR PCC Primary Purpose of Visit												
Health Problem	Service Code	Service Minutes		ative									
D-f1- 01	up	4				Ι.	T =			40		1 40	
Refer to Cl		1 al: 1: Eve: 5: 9	2 Social Work: 6: Re	3 4	7: Other Professio	6	7	8 Program: 10	9 Family/Self/Cor	10	11	12 m: 12: None	
Refer by C		1		3 4		6	7	8	9	10	11 11	12. None	
			1	L					1 -			1	
Activity Lo		1	2	3 4			10			5	6	7	
1: Home; 2: CF	HR Office; 3: Cor	mmunity; 4: In	clude Name of Ho	spital/Clinic, I/T	U or Specialty Fac	Ility with City a	ind State; 5: Ra	adio/Telephoi	ne; 6: None; 7: Sc	chool			
Travel Tim	ie:		Number	Served:		СН	R Signatur	e:					

HEALTH PROBLEM CODES

Commu	ınicable Diseases	Ear			Screeni	ng
ME	Measles	IN	Infections		HB	A1C
MU	Mumps	HP	Hearing Problems		LP	Lipids
CP	Chicken Pox	HA	Hearing Aids		DG	Diagnostic Testing
TB	Tuberculosis	OE	Other Ear		Materna	I Child Health
HE	Hepatitis	Behavio	oral Health		FP	Family Planning
SX	Sexually Transmitted	SU	Suicide		PR	Prenatal Care
HI	HIV / AIDS	NI	Nicotine		PO	Postnatal Care
GE	Gastroenteritis / Diarrhea	AL	Alcohol		WC	Well Child Care
ST	Strep Throat	SA	Substance Abuse		WH	Women's Health
IM	Impetigo	DP	Depression		FF	FASD
RA	Rabies	SS	Stress		Nervous	s System
SC	Scabies	LA	Lifestyle Adaptation		SD	Seizure Disorder
HL	Head Lice	OM	Other Mental Health		PQ	Para / Quadriplegic
OC	Other Communicable	Suspec	ted Abuse / Neglect		DT	Dementia
OI	Other Infections	CS	Child A / N Suspected		SE	Senility
Chronic	Diseases	DV	Domestic Abuse Suspected		PK	Parkinson's Disease
CA	Cancer	EL	Elder A / N Suspected		ON	Other Nervous System
DM	Diabetes Mellitus	SL	Sexual Abuse Suspected			•
AR	Arthritis				Respiration CO	Cold
ОВ	Obesity	NU	Promotion / Disease Prevention	on	FL	Flu
HY	Hypertension	BF	Nutrition		AS	Asthma
SK	Stroke	IZ	Breast Feeding			
HT	Heart	SH	Immunizations School Health		AG CG	Allergy
LU	Lupus	IC			PN	Cough
LD	Liver Disease	SY	Injury Control SIDS		CR	Pneumonia COPD
СН	Congestive Heart Failure	FI	Fitness		SI	Sinuses
TH	Thyroid	CD	Community Development		OR	Other Respiratory
BD	Blood Disorder	MH	Men's Health			
RF	Renal Failure	OH	Other HP / DP		Urinary	
os	Osteoporosis				DI	Dialysis
OX	Other Chronic		ned Conditions		GU	Genito Urinary Disease
Digestiv	ve	SN	Skin Conditions		Vision	
GA	Gallbladder	FA	Fainting		ED	Eye Disease
DE	Dental (All)	HD	Headaches		EC	Eye Care / Glasses
IB	Irritable Bowel	SF	Surgery Follow-up		Other	
GD	GERD	FE	Fever, unknown origin		LT	Leave Time
UL	Ulcers	PA	Pain, unknown origin		AM	Administrative / Management
PC	Pancreatitis	PS MB	Poisoning		SO	Socio-Economic Assistance
OD	Other Digestive	MB AC	Mobility		TR	Traditional Healing
	3.1.1	AD	Accidental Injury Activities of Daily Living			
		DD	Developmental Disabilities			
		טט				
			SERVICE CODES			
AM	Administrative / Management			LT	Leave Time	
CD	Community Development			MP	Monitor Patie	ent
CF	Case Find / Screen			NF	Not Found	

Other Patient Service

Obtain Training

Patient Care

Staff Training

Transport

OP OT

PC

ST

TP

Case Management

Environmental Service

Homemaker Services

Interpret / Translate

Emergency Care

Health Education

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							ital/Cli		or Specialty Fa	cility witl	h City and State: 5:	Radio/T	elephone; 6: None;			•	
										, .							
Travel Tim	ie:				Nun	nber S	erve	ed:			CHR Signatu	ıre:					
Assessment / Primary Purpose of Visit																	
Health	Servi	ice	Servi	се				ASSE	SSIIICIII / FIII	ilal y Ft	il pose of visit						
Problem	Cod	ie	Minut	es	Narra	itive											
		Р	atient Na	ame					Sex	Patie	ent Identifier		Tests/	Measurem	ents	, if any	
1.																	
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