



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Community Health Representative System (BCH)

CHR PCC Forms

User Manual Supplement

Version 1.0 July 2007

Office of Information Technology (OIT) Division of Information Resource Management Albuquerque, New Mexico

PREFACE

This document is a supplement to the Services Guide for Community Health Representatives (CHRs). It provides the documentation forms used by the CHRs and other individuals who need to document CHR services and activities performed.

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This section contains printable copies of the following forms:

- IHS-535: CHR Comprehensive PCC Encounter Record
- IHS-535 1: CHR Abbreviated PCC Encounter Record
- IHS-962: CHR PCC Group Encounter Record

COMMUNITY HEALTH REPRESENTATIVE COMPREHENSIVE PCC ENCOUNTER RECORD

RESIDENCE			PRC	GRAM CODE		PROVIDER CODE		DATE OF	SERVICE
						<u>3 5 3</u>			
SUBJECTIVE	INFORMATI	ON (Include Patier	nt's complain				_	Temp.	
		·		,					
								Pulse	
								Resp.	
								BP	
OBJECTIVE D	ATA								
								WT	GM
									KG
									LB-OZ.
								HT	СМ
									IN
	<u> </u>	ASS	ESSMENT -	PCC PURPOSE	OF VISIT			HEAD	СМ
Health Problem Code	Service Code	Service			Narrative			DeduMasa	
(see back)	(see back)	Minutes						Body Mass	Index
								Waist Circu	mference
								Vision-U	ncorrected
								D	ı .
								R	L
								Vision-0	Corrected
								R	L
PLANS / TREA	TMENTS / E	EDUCATION / MEI	DICATIONS						I
								Te	ests
								PPD	mm
								Blood Suga	-
	FERRAL / F	VALUATION (Che	ack ONE)					BIOOU Suya	I
ACTIVITY LOCA		REFERRED TO CH	,	REFERRED BY CH	IR BY	EVALUATION:			
Home (1)		Medical (1)		Medical (1)		Level of understanding im	proved	Hemoglobin	n A1c
CHR Office	(2)	Nursing (2)		Nursing (2)		Level of compliance impro			
Community		Dental (3)		Dental (3)		Level of functioning impro	ved		
Radio/Telep	hone (4)	Eye (4)		Eye (4)		Problem resolved			
Hospital/Clin	nic (5)	Social Worker (5)	Social Worker	(5)				
Name:		Behavioral Heal		Behavioral Hea		Travel Time:	min.		
		Other Professio	nal (7)	Other Professio	onals (7)			Reproduc	tive Factors
None (6)		Technician (8)	(0)	Technician (8)	(0)	Number Served:		LMP	
School (7)		Agency/Program		Agency / Progra					
		Other CHR Prog		Family / Self / C				FP Method	
			grann (11)			formal by CLID			
HR#		Sex			Purpose of Re				
Name		Tribe							
					Insurer				
SS#		Commu	unity of Reside	ence					
Birthdate		Facility			CHR Signatur	e			

			HEAL	TH PROBLEM COL	DES	
Communi	cable Di	seases	Ear		Screenin	g
ME	Measle	S	IN	Infections	HB	A1c
MU	Mumps		HP	Hearing Problems	LP	Lipids
CP	Chicker	ו Pox	HA	Hearing Aids	Matornal	and Child Health
ТВ	Tuberco	ulosis	OE	Other Ear	FP	Family Planning
HE	Hepatiti	s	Behaviora	al Health	PR	Prenatal Care
SX	Sexuall	y Transmitted	SU	Suicide	PR	Prenatal Care
HI	HIV / A	IDS	NI	Nicotine	FO WC	Well Child Care
GE	Gastroe	enteritis / Diarrhea	AL	Alcohol	WH	Women's Health
ST	Strep T	hroat	SA	Substance Abuse	FF	FAE / FAS
IM	Impetig	0	DP	Depression	FF	TAL/TAS
RA	Rabies		SS	Stress	Nervous	System
SC	Scabies	3	LA	Lifestyle Adaptation	SD	Seizure Disorder
HL	Head L	ice	OM	Other Mental Health	PQ	Para / Quadriplegic
OC	Other C	Communicable	ON		DT	Dementia
OI	Other In	nfections	Suspected A	Abuse / Neglect	SE	Senility
Chronic D	licoacac		CS	Child A / N Suspected	PK	Parkinson's Disease
Chronic L CA	Cancer		DV	Domestic Abuse Suspe	octed ON	Other Nervous System
DM		es Mellitus	EL	Elder A / N Suspected	Respirat	orv
AR	Arthritis		SL	Sexual Abuse Suspecte	ed CO	Cold
OB	Obesity		Health Pro	omotion / Disease Preve		Flu
НҮ	Hyperte		NU	Nutrition	AS	Asthma
SK	Stroke	1151011	BF	Breast Feeding	AG	Allergy
HT	Heart		IZ	Immunizations	CG	Cough
LU	Lupus		SH	School Health	PN	Pneumonia
LD	Liver Di	2222	IC	Injury Control	CR	COPD
CH		stive Heart Failure	SY	SIDS	SI	Sinuses
ТН	Thyroid		FI	Fitness	OR	Other Respiratory
BD	Blood D		CD	Community Developme		outor recopilatory
RF	Renal F		OH	Other HP / DP	Urinary 1	Tract
OX	Other C				DI	Dialysis
07	Other C	monic	III-Defined	I Conditions	GU	Genito Urinary Disease
	Di	gestive	SN	Skin Conditions	Vision	
GA	Gallblad	dder	FA	Fainting	ED	Eye Disease
DE	Dental	(All)	HD	Headaches	EC	Eye Care / Glasses
IB	Irritable	Bowel	SF	Surgery Follow-up		_,
GD	GERD		FE	Fever, unknown origin	Other	
UL	Ulcers		PA	Pain, unknown origin	LT	Leave Time
PC	Pancrea	atitis	PS	Poisoning	AM	Administrative / Manager
OD	Other D	Digestive	MB	Mobility	SO	Socio-Economic Assistar
			AC	Accidental Injury	TR	Traditional Healing
			AD	Activities of Daily Living	1	
			Ş	SERVICE CODES		
	HE	Health Education		IT	Interpret / Translate	
	CF	Case Find / Screen		OP	Other Patient Service)
	СМ	Case Management		ES	Environmental Servic	e
	MP	Monitor Patient		AM	Administrative / Mana	agement
	EC	Emergency Care		OT	Obtain Training	
	PC	Patient Care		LT	Leave Time	
	HS	Homemaker Services		CD	Community Developr	

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Not Found

Transport

DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

COMMUNITY HEALTH REPRESENTATIVE ABBREVIATED PCC ENCOUNTER RECORD

CHR Provider Code		Program	Program Code			Date of Service		
<u>3 5 3 </u>								
		ASSES	SMENT - PCC	PURPOSE OF	VISIT			
Health Problem Service Code Code (see back) (see back)		Narrative						
ACTIVITY / REFERRAL / EV	ALUATION	l (Check One)					Travel Time:	
ACTIVITY LOCATION:		_	REFERRED TO CHR BY: REFERRED B			CHR TO:		
Home (1)		=	Medical (1)		Medical (1)		Number Served:	
		_	Nursing (2)		Nursing (2)			
Community (3)		=	Dental (3) Eye (4)		Dental (3) Eye (4)			
Hospital/Clinic (5)			Social Worker (5)			r (5)		
Name:		_	Behavioral Health (6)			ealth (6)		
		_	Other Professional (7)			sional (7)		
			Technician (8))		
None (6)			Agency / Program (9)					
School (7)						Community (10)		
		Cther C	HR Program (11)		Other CHR Pr	rogram (11)		
Patient's Chart Name (Last, First	at Middla Init	iol):				Patient Identifier		
	si, iviidale iriit	aı).				Fallent identilier		
Measurements / Tests (this info		ass to the chart):				1		
BP:	Weight:		Height:		Temp:		Pulse:	
/		lbs.		in.				
Respirations:	Blood Sug	jar:	Waist Circumfer	rence:	Hemoglobi	in A1c:	Body Mass Index:	
CHR Signature:				Patient's Signa	ature:		1	

			HEA		DES		
Communi	cable Di	seases	Ear			Screenin	g
ME	Measle	S	IN	Infections		HB	A1
MU	Mumps	5	HP	Hearing Problems		LP	Lip
CP	Chicke	n Pox	HA	Hearing Aids		Motornal	ممط
ТВ	Tuberc	ulosis	OE	Other Ear		Maternal	
HE	Hepatit	is	Datasia	- 1 1 1 1/1		FP	Fa
SX	Sexual	ly Transmitted	Behavior			PR	Pre
н	HIV / A	IDS	SU	Suicide		PO	Po
GE	Gastro	enteritis / Diarrhea	NI	Nicotine		WC	We
ST	Strep T	hroat	AL	Alcohol		WH	Wo
IM	Impetig	10	SA	Substance Abuse		FF	FA
RA	Rabies		DP	Depression		Nervous	Syst
SC	Scabie	S	SS	Stress		SD	Se
HL	Head L		LA	Lifestyle Adaptation		PQ	Pa
OC		Communicable	OM	Other Mental Health		DT	De
OI		nfections	Suspected	Abuse / Neglect		SE	Se
01	Othern	The clients	CS	Child A / N Suspected		0⊑ PK	Pa
Chronic D)iseases		DV	Domestic Abuse Susp		ON	Ot
CA	Cancer		EL	Elder A / N Suspected			01
DM	Diabete	es Mellitus	SL	Sexual Abuse Suspected		Respirate	ory
AR	Arthritis	6	5L	Sexual Abuse Suspect	ieu	CO	Co
OB	Obesity	/	Health Pr	omotion / Disease Prev	vention	FL	Flu
HY	Hyperte	ension	NU	Nutrition		AS	As
SK	Stroke		BF	Breast Feeding		AG	All
HT	Heart		IZ	Immunizations		CG	Co
LU	Lupus		SH	School Health		PN	Pn
LD	Liver D	isease	IC	Injury Control		CR	CC
СН	Conges	stive Heart Failure	SY	SIDS		SI	Sir
тн	Thyroid	1	FI	Fitness		OR	Ot
BD	-	Disorder	CD	Community Developme	ent		
RF	Renal F	Failure	ОН	Other HP / DP		Urinary 1	
ОХ	Other 0	Chronic				DI	Dia
				d Conditions		GU	Ge
Digestive				Skin Conditions		Vision	
GA	Gallbla	dder	FA	Fainting		ED	Ey
DE	Dental	(All)	HD	Headaches		EC	Ey
IB	Irritable	e Bowel	SF	Surgery Follow-up			,
GD	GERD		FE	Fever, unknown origin		Other	
UL	Ulcers		PA	Pain, unknown origin		LT	Le
PC	Pancre	atitis	PS	Poisoning		AM	Ad
OD	Other E	Digestive	MB	Mobility		SO	So
			AC	Accidental Injury		TR	Tra
			AD	Activities of Daily Livin	g		
				SERVICE CODES			
	HE	Health Education		IT	Interpret / Trans	slate	
	CF	Case Find / Screen		OP	Other Patient S	ervice	
	СМ	Case Management		ES	Environmental	Service	
	MP	Monitor Patient		AM	Administrative /	[/] Managem	ent
	EC	Emergency Care		OT	Obtain Training	l	
	PC	Patient Care		LT	Leave Time		

Community Development

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Transport

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Nervous System SD

A1c

Lipids Maternal and Child Health

Family Planning

Prenatal Care

Postnatal Care

Well Child Care Women's Health

Seizure Disorder

Para / Quadriplegic

Parkinson's Disease

Other Nervous System

FAE / FAS

Dementia

Senility

Cold

Asthma

Allergy

Cough

Sinuses

Dialysis

Eye Disease

Leave Time

Eye Care / Glasses

Traditional Healing

Administrative / Management

Socio-Economic Assistance

Pneumonia COPD

Other Respiratory

Genito Urinary Disease

Flu

HS

Homemaker Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

COMMUNITY HEALTH REPRESENTATIVE (CHR) GROUP PCC ENCOUNTER RECORD

CHR Provider	Code			Program Code		Date of Service
<u>3 5 3</u>	<u> </u>					
Health Problem	Sonvico			ASSESSMENT - PCC PU	RPOSE OF VISIT	
Code (see back)	Service Code (see back)	Service Minutes			Narrative	
ACTIVITY (Che						Travel Time:
		—			None (6)	
Home (1)		Radio/T		4)		Number Served:
CHR Offi	ice (2)	Hospital Name:	/Clinic (5)		School (7)	
Commun	nity (3)	indine.				
P	Patient Name		Sex	Patient Identifier	Tests/Me	asurements, if any

CHR Signature:

			HEAL	TH PROBLEM CO	DDES		
Communi	cable Di	seases	Ear		Scre	enin	g
ME	Measle	S	IN	Infections		HB	A1c
MU	Mumps	;	HP	Hearing Problems		LP	Lipids
CP	Chicker	n Pox	HA	Hearing Aids		_	
ТВ	Tuberc	ulosis	OE	Other Ear			and Child Health
HE	Hepatit	is				FP	Family Planning
SX	Sexuall	ly Transmitted	Behavior			PR	Prenatal Care
н	HIV / A		SU	Suicide		PO	Postnatal Care
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CA	Cancer		EL	Elder A / N Suspected		••••	
DM	Diabete	es Mellitus	SL	Sexual Abuse Suspect	Res	pirate	ory
AR	Arthritis	3	01			со	Cold
OB	Obesity	/	Health Pr	omotion / Disease Pre	vention	FL	Flu
HY	Hyperte	ension	NU	Nutrition		AS	Asthma
SK	Stroke		BF	Breast Feeding		AG	Allergy
HT	Heart		IZ	Immunizations		CG	Cough
LU	Lupus		SH	School Health		PN	Pneumonia
LD	Liver D	isease	IC	Injury Control		CR	COPD
СН	Conges	stive Heart Failure	SY	SIDS		SI	Sinuses
TH	Thyroid	I	FI	Fitness		OR	Other Respiratory
BD	Blood D	Disorder	CD	Community Developm	nent Urin	ary T	Fract
RF	Renal F	Failure	ОН	Other HP / DP	Unit	DI	Dialysis
OX	Other C	Chronic	III Dofino	d Conditions			•
	р.		SN			GU	Genito Urinary Disease
~ ~		gestive		Skin Conditions	Visio	on	
GA	Gallbla		FA	Fainting		ED	Eye Disease
DE	Dental		HD	Headaches		EC	Eye Care / Glasses
IB	Irritable	Bowel	SF	Surgery Follow-up	Other	or.	
GD	GERD		FE	Fever, unknown origir			
UL	Ulcers		PA	Pain, unknown origin			Leave Time
PC	Pancre		PS	Poisoning		AM	Administrative / Manager
OD	Other D	Digestive	MB	Mobility		SO	Socio-Economic Assistar
			AC	Accidental Injury		TR	Traditional Healing
			AD	Activities of Daily Livi	ng		
				SERVICE CODES			
	HE	Health Education		IT	Interpret / Trans		
	CF	Case Find / Screen		OP	Other Patient Se		
	CM	Case Management		ES	Environmental S		
	MP	Monitor Patient		AM		Mana	agement
	EC	Emergency Care		OT	0		
	PC	Patient Care		LT	Leave Time		

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Community Development

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Transport

CONTACT INFORMATION

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