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.

TABLE OF CONTENTS

This section contains printable copies of the following forms:

IHS-535
(5/07)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

COMMUNITY HEALTH REPRESENTATIVE
COMPREHENSIVE PCC ENCOUNTER RECORD

RESIDENCE	PROGRAM CODE	PROVIDER CODE	DATE OF SERVICE
	_ _ _ _ _ _ _	3 5 3 _ _ _	

SUBJECTIVE INFORMATION *(Include Patient's complaint)*

OBJECTIVE DATA

ASSESSMENT - PCC PURPOSE OF VISIT

Health Problem Code *(see back)*	Service Code *(see back)*	Service Minutes	Narrative

PLANS / TREATMENTS / EDUCATION / MEDICATIONS

ACTIVITY / REFERRAL / EVALUATION *(Check ONE)*

ACTIVITY LOCATION:
- ☐ Home (1)
- ☐ CHR Office (2)
- ☐ Community (3)
- ☐ Radio/Telephone (4)
- ☐ Hospital/Clinic (5) Name:
- ☐ None (6)
- ☐ School (7)

REFERRED TO CHR BY:
- ☐ Medical (1)
- ☐ Nursing (2)
- ☐ Dental (3)
- ☐ Eye (4)
- ☐ Social Worker (5)
- ☐ Behavioral Health (6)
- ☐ Other Professional (7)
- ☐ Technician (8)
- ☐ Agency/Program (9)
- ☐ Family/Self/Community (10)
- ☐ Other CHR Program (11)

REFERRED BY CHR BY:
- ☐ Medical (1)
- ☐ Nursing (2)
- ☐ Dental (3)
- ☐ Eye (4)
- ☐ Social Worker (5)
- ☐ Behavioral Health (6)
- ☐ Other Professionals (7)
- ☐ Technician (8)
- ☐ Agency / Program (9)
- ☐ Family / Self / Community (10)
- ☐ Other CHR Program (11)

EVALUATION:
- ☐ Level of understanding improved
- ☐ Level of compliance improved
- ☐ Level of functioning improved
- ☐ Problem resolved

Travel Time: _____min.

Number Served: _____

Temp.

Pulse

Resp.

BP

WT ☐ GM ☐ KG ☐ LB-OZ.

HT ☐ CM ☐ IN

HEAD ☐ CM ☐ IN

Body Mass Index

Waist Circumference

Vision-Uncorrected
R | L

Vision-Corrected
R | L

Tests

PPD mm

Blood Sugar

Hemoglobin A1c

Reproductive Factors

LMP

FP Method

HR#

Sex

Name

Tribe

SS#

Community of Residence

Birthdate

Facility

Purpose of Referral by CHR

Insurer

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
- 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
- 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

Screening

- HB A1c
- LP Lipids

Maternal and Child Health

- FP Family Planning
- PR Prenatal Care
- PO Postnatal Care
- WC Well Child Care
- WH Women's Health
- FF FAE / FAS

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

COMMUNITY HEALTH REPRESENTATIVE ABBREVIATED PCC ENCOUNTER RECORD

CHR Provider Code	Program Code	Date of Service
3 5 3 __ __ __	__ __ __ __ __ __ __	

ASSESSMENT - PCC PURPOSE OF VISIT

Health Problem Code *(see back)*	Service Code *(see back)*	Service Minutes	Narrative

ACTIVITY / REFERRAL / EVALUATION *(Check One)*

ACTIVITY LOCATION:
- ☐ Home (1)
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Travel Time:

Number Served:

Patient's Chart Name *(Last, First, Middle Initial)*:	Patient Identifier:

Measurements / Tests *(this information will pass to the chart)*:

BP:	Weight:	Height:	Temp:	Pulse:
_____ / _____	_____ lbs.	_____ in.	_____	_____
Respirations:	**Blood Sugar:**	**Waist Circumference:**	**Hemoglobin A1c:**	**Body Mass Index:**

CHR Signature:	Patient's Signature:

PSC Graphic Arts: (301) 443-1090 EF

HEALTH PROBLEM CODES

Communicable Diseases

- ME Measles
- MU Mumps
- CP Chicken Pox
- TB Tuberculosis
- HE Hepatitis
- SX Sexually Transmitted
- HI HIV / AIDS
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- ST Strep Throat
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- HL Head Lice
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- CA Cancer
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- AR Arthritis
- OB Obesity
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- SS Stress
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- NU Nutrition
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- IZ Immunizations
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- FI Fitness
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Ill-Defined Conditions

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Travel Time:

Number Served:

Patient Name	Sex	Patient Identifier	Tests/Measurements, if any

CHR Signature: _____

PSC Graphics: (301) 443-1090 EF

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CONTACT INFORMATION

If you have any questions or comments regarding this distribution, please contact the ITSC Service Center by:

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Email: support@ihs.gov