



## Consortium Health Outreach Program (CHOP) SERVICE ENCOUNTER FORM

Agency Completing Form:	Contact Person:	Phone #:
Address:	City/State:	Zip Code:
Event Name:	Event Location:	Event Date:

<b>SCREENINGS/SERVICES:</b>			
	# of Services	# of Undesirable Findings	# of Referrals
Blood Pressures			
Heights			
Weights			
Vision Tests			
BMI's			
Scoliosis			
Oral Health Exams			
Fluoride Varnishes			
Dental Sealants			
Glucose			
Cholesterol			
HDL			
HIV/AIDS			
Mammograms			
PFT (Pulmonary Function Test)			
Other:			

<b>IMMUNIZATIONS:</b>		
	# of Services	# of Referrals
HepB		
DTaP		
Hib		
PNEU		
IPV		
MMR		
Varicella		
HepA		
MENIN		
FLU		
HPV		
TD/TDAP		
SHINGLES		
Other:		

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**SERVICE ENCOUNTER FORM**

<b>ELIGIBILITY SCREENINGS:</b>		
	<b># of Services</b>	<b># of Referrals</b>
<b>Kidcare</b>		
<b>Medicaid</b>		
<b>Food Stamps</b>		
<b>WIC Services</b>		
<b>Other:</b>		
<b>Other:</b>		
<b>Other:</b>		

<b>EDUCATION:</b>					
	<b># Adults</b>	<b># Children</b>		<b># Adults</b>	<b># Children</b>
<b>Asthma</b>			<b>Kidney Disease</b>		
<b>Heart Disease</b>			<b>Bullying</b>		
<b>Diabetes</b>			<b>Domestic Violence</b>		
<b>Hypertension</b>			<b>Family Planning</b>		
<b>Nutrition</b>			<b>HIV/AIDS</b>		
<b>Physical Activity</b>			<b>STDs</b>		
<b>Breast Cancer</b>			<b>Immunizations</b>		
<b>Cervical Cancer</b>			<b>Injury Prevention</b>		
<b>Colorectal Cancer</b>			<b>Parenting</b>		
<b>Prostate Cancer</b>			<b>Safety Education</b>		
<b>Skin Cancer</b>			<b>Tobacco</b>		
<b>Testicular Cancer</b>			<b>Other:</b>		
<b>Weight Management</b>			<b>Other:</b>		

<b>COUNSELING SESSIONS( ≥15 MINUTES ): Please indicate type below</b>					
	<b># Adults</b>	<b># Children</b>		<b># Adults</b>	<b># Children</b>
<b>Type:</b>			<b>Type:</b>		
<b>Type:</b>			<b>Type:</b>		

The Consortium for a Healthier Miami-Dade would like to thank you for all you have done to improve the health of our community and we look forward to our continued collaboration.

Please fax this form to Lizette Pabon at (305) 278-0441. This will enable the Consortium to continue to provide coordination services for all outreach programs. Make sure you keep a copy for your own records in the event that the form is lost in the mail.

Thank you in advance for your cooperation.