

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

CHR Provider Code:		Program Code:		Date of Service:	
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Patient Information			
Patient Chart Name (Last, First MI)	HRN	DOB	Sex
Tribe	Community of Residence		

Vital Signs/Measurements									
BP	P	R	BG	T	HT in	WT lb	BMI	WC in	A1C
HC	VU – L	R		VC – L	R		LMP	FPM	

[illegible]

Refer to CHR by:	1	2	3	4	5	6	7	8	9	10	11	12
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	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:	
Subjective					
Objective					
Plan/Treatments/Education/Medication					

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

III-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

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

CHR Provider Code:		Program Code:		Date of Service:	
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Patient Information			
Patient Chart Name (Last, First MI)	HRN	DOB	Sex
Tribe	Community of Residence		

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

Assessment / CHR PCC Primary Purpose of Visit			
Health Problem	Service Code	Service Minutes	Narrative

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NU	Nutrition
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DG	Diagnostic Testing

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Assessment / Primary Purpose of Visit			
Health Problem	Service Code	Service Minutes	Narrative

Patient Name	Sex	Patient Identifier	Tests/Measurements, if any
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

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