# 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 Code	<b>)</b> :				Date	of Service:			
					P	atient In	formation							
Patient Cha	art Name (	Last, First MI	)				HRN			DOB		S	Sex	
Tribe Community of Residence														
Vital Signs/Measurements														
BP		Р	R	BG		T	easureme HT	ents in	WT	lb	BMI	WC	in	A1C
HC		VU – L	R			VC – L		R			LMP	F	FPM	
Health	Service	Service		Asse	ssmen	t / CHR P	PCC Purpo	ose of V	isit					
Problem	Code	Minutes												
								1			T			
Refer to CI		1			4	5	6	7	<u>_</u>	8	9	10	11	12
1: Medical; 2: N			ocial Work; 6: Be		h; 7: Othe 4	r Profession 5	nal; 8: Techni	cian; 9: Ag		gram; 10:   8	Family/Self/Co		: CHR Progra	am; 12: None 12
Relei by C	nk to.	1	2	3	4		0	'		0	9	10	- ''	12
Activity Lo		1			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:			СН	R Signa	ture:					
Subjective														
Objective														
, , , , , ,														
Dlan/Tracts	monte/Edu	cation/Medica	ation											
riali/Treath	nents/⊏au	cation/iviedica	auOII											

# **HEALTH PROBLEM CODES**

Commi	unicable Diseases	Ear			Screenin	g
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		Maternal	Child Health
HE	Hepatitis	Behavi	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			
SC	Scabies	LA	Lifestyle Adaptation		Nervous	-
HL	Head Lice	OM	Other Mental Health		SD	Seizure Disorder
OC	Other Communicable				PQ	Para / Quadriplegic
OI	Other Infections	•	cted Abuse / Neglect		DT	Dementia
		CS	Child A / N Suspected		SE	Senility  Regulation and a Discourse
	Conses	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		Respirat	ory
AR	Arthritis	Health I	Promotion / Disease Preventi	on	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	Lives Diseases	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 1	Гract
RF	Renal Failure	ОН	Other HP / DP		DI	Dialysis
OS OY	Osteoporosis	III-Defin	ned Conditions		GU	Genito Urinary Disease
OX	Other Chronic	SN	Skin Conditions		Vision	
Digesti	ve	FA	Fainting		ED	Eye Disease
GA	Gallbladder	HD	Headaches		EC	Eye Care / Glasses
DE	Dental (All)	SF	Surgery Follow-up			
IB	Irritable Bowel	FE	Fever, unknown origin		Other	Leave Time
GD	GERD	PA	Pain, unknown origin		LT	
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	<b>Developmental Disabilities</b>			
			SERVICE CODES			
AM	Administrative / Management			LT	Leave Time	
CD	Community Development			MP	Monitor Patie	nt
CF	Case Find / Screen			NF	Not Found	
					0	

OP

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PC

ST

TP

Other Patient Service

Obtain Training

Patient Care

Staff Training

Transport

Case Management

**Environmental Service** 

Homemaker Services

Interpret / Translate

**Emergency Care** 

Health Education

CM

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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 Provider Code:			Program Code:							of Service:					
	Patient Information														
Patient Cha	art Name (La	ast, First M	II)		- auont		HRN			DOB			Sex		
Tribe								ty of Res	sidenc	e		I			
	Vital Signs/Measurements														
BP		P	R	BG	Vital Signs/	Measu	HT	nts in	WT	lb	ВМІ	WC	) in	A1C	
ы			IX.	100	'			""	** 1	10	DIVII		, ""	Alo	
	Assessment / CHR PCC Primary Purpose of Visit														
Health Problem	Service Code	Service Minute		ative											
D ( ) 0	.s. I							I -					1 44	10	
Refer to CI	-	1 tal: 4: Eve: 5:	2 Social Work; 6: Be		7: Other Professi		6 Technici	7 an: 9: Δαer	ocy Prod	8 aram: 10:	9 Family/Self/Co	10	11 I1: CHR Prog	12 ram: 12: None	
Refer by C		1		3 4	<u> </u>		6	7	.5, 7.0	8	9	10	11	12	
Activity Lo		1	2	3 4	I	1		I			<u> </u>	5	6	7	
			nclude Name of Ho			cility witl	h Citv ar	nd State: 5:	Radio/1	Telephone	; 6: None: 7: S		6		
, 21 01		·····, · · · ·				,	,				,				
Travel Tim	e:		Number	Served:			CHR	Signatu	ıre:						

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MU	Mumps	HP	Hearing Problems		LP	Lipids
CP	Chicken Pox	HA	Hearing Aids		DG	Diagnostic Testing
ТВ	Tuberculosis	OE	Other Ear		Materna	l Child Health
HE	Hepatitis	Behavi	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		Nomeous	System
sc	Scabies	LA	Lifestyle Adaptation		SD	s System Seizure Disorder
HL	Head Lice	OM	Other Mental Health		PQ	
ОС	Other Communicable	Suspec	eted Abuse / Neglect		DT	Para / Quadriplegic 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				Respira	•
OB	Obesity		Promotion / Disease Preventi	on	CO	Cold
HY	Hypertension	NU 	Nutrition		FL	Flu
SK	Stroke	BF	Breast Feeding		AS	Asthma
HT	Heart	IZ	Immunizations		AG	Allergy
LU	Lupus	SH	School Health		CG	Cough
LD	Liver Disease	IC	Injury Control		PN	Pneumonia
CH	Congestive Heart Failure	SY	SIDS		CR	COPD
TH	Thyroid	FI	Fitness		SI	Sinuses
BD	Blood Disorder	CD	Community Development		OR	Other Respiratory
RF	Renal Failure	MH	Men's Health		Urinary	Tract
os	Osteoporosis	ОН	Other HP / DP		DI	Dialysis
OX	Other Chronic	III-Defir	ned Conditions		GU	Genito Urinary Disease
		SN	Skin Conditions		Vision	
Digestiv		FA	Fainting		ED	Eye Disease
GA	Gallbladder	HD	Headaches		EC	Eye Care / Glasses
DE	Dental (All)	SF	Surgery Follow-up		Other	•
IB	Irritable Bowel	FE	Fever, unknown origin		LT	Leave Time
GD	GERD	PA	Pain, unknown origin		AM	Administrative / Management
UL	Ulcers	PS	Poisoning		SO	Socio-Economic Assistance
PC	Pancreatitis	MB	Mobility		TR	Traditional Healing
OD	Other Digestive	AC	Accidental Injury		110	Traditional Ficaling
		AD	Activities of Daily Living			
		DD	Developmental Disabilities			
			SERVICE CODES			
AM	Administrative / Management			LT	Leave Time	
CD	Community Development			MP	Monitor Patie	ent
CF	Case Find / Screen			NF	Not Found	
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Activity Lo	cation		1		2	3	1	4					5		6	7	
Activity Location: 1 2 3 4  1: Home; 2: CHR Office; 3: Community; 4: Include Name of Hospital/Clinic, I/T							ital/Clir		Facility wit	h City and State; 5:	Radio/T	elephone; 6: None; 7: S					
					1												
Travel Tim	ie:				Nun	nber So	erve	d:		CHR Signatu	ire:						
Assessment / Primary Purpose of Visit																	
Health Problem	Serv	ice	Servi		Narra	ıtivo.				pood or a ron							
Problem	Coc	Je	Minut	es	Narra	ilive											
		Р	atient Na	ame				Sex	Pati	ent Identifier		Tests/Me	if any				
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