

Client Name: _____ Client Record #: _____

Use this form to log services provided for an individual client, across days or weeks. Fill in: the date of the service, start time, end time, travel time, staff providing the service, location, service type, and service details. Not all services on this form are required for each client or at a certain interval. Start a new form when the space provided for an individual service type has been filled and you are ready to log another service of that type. Keep travel time out of service start time and end time entries (with the exception of Accompaniment).

Service Date	Service Start Time/End Time	Worker(s)	Service Site <i>(Select only one)</i>	Service Type	Service Details		
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Intake assessment	<i>(Select all that apply)</i> Intake Assessment Form Intake Assessment Topic Page		Tools Used: <i>(Select all that apply)</i> Completing an Intake Form: The Client Interview Training Out in the Field: Confidentiality with Clients Training Out in the Field: Field Safety Training Out in the Field: Relationship Boundaries Training None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Other assessment/ reassessment	<i>(Select all that apply)</i> Reassessment (clinical, psychosocial, general health/well-being, housing, etc.) Adherence Assessment—self-report Health Assessment		Tools Used: <i>(Select all that apply)</i> Reassessment Form (only available when 'Reassessment (clinical, etc.)' is selected) Adherence Assessment Form (only available when 'Adherence Assessment—self-report' or 'Adherence Assessment—pill count' is selected) None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Care plan/service plan	<i>(Select only one)</i> Development of initial plan with this enrollment Update to plan Start of new plan (replacing last care/service plan) Housing services plan Discharge plan Other (Specify: _____)		Tools Used: <i>(Select all that apply)</i> Comprehensive Care Plan Form Care Plan Topic Page Developing SMART Goals for a Client-Centered Care Plan Training Out in the Field: Confidentiality with Clients Training Out in the Field: Field Safety Training Out in the Field: Relationship Boundaries Training None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Accompaniment	Accompaniment to: <i>(Select only one)</i> Primary care Other healthcare service Social service	Accompaniment from: <i>(Select only one)</i> Client's home or other field (non-provider) location One provider to another One provider to another—same street address Jail/prison	Tools Used: <i>(Select all that apply)</i> Out in the Field: Confidentiality with Clients Training Out in the Field: Field Safety Training Out in the Field: Relationship Boundaries Training None

Service Date	Service Start Time/End Time	Worker(s)	Service Site <i>(Select only one)</i>	Service Type	Service Details	Tools Used: <i>(Select all that apply)</i>
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Assistance with health care	<i>(Select all that apply)</i> Help with filling out forms Eligibility assessment Reminder call/message Referral/Appointment-making Arrangement for transportation Arrangement for childcare or eldercare Arrangement for interpreting services Appointment preparation Other (Specify: _____)	Referrals/Appointments Tracking Log/Checklist None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Assistance with entitlements and benefits	<i>(Select all that apply)</i> Help with filling out forms Eligibility assessment Reminder call/message Referral/Appointment-making Arrangement for transportation Arrangement for childcare or eldercare Arrangement for interpreting services Appointment preparation Other (Specify: _____)	Referrals/Appointments Tracking Log/Checklist None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Assistance with social services	<i>(Select only one)</i> Help with filling out forms Eligibility assessment Reminder call/message Referral/Appointment-making Arrangement for transportation Arrangement for childcare or eldercare Arrangement for interpreting services Appointment preparation Other (Specify: _____)	Referrals/Appointments Tracking Log/Checklist None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Assistance with housing	<i>(Select only one)</i> Development of initial plan with this • Help with filling out forms Eligibility assessment Reminder call/message Referral/Appointment-making Arrangement for transportation Arrangement for childcare or eldercare Arrangement for interpreting services Appointment preparation Other (Specify: _____)	Referrals/Appointments Tracking Log/Checklist None

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mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Outreach for patient re-engagement	<i>(Select all that apply)</i> Phone call Letter E-mail or text message Home visit Search in other locations Made contact with patient Returned patient to care/program Other (Specify: _____)		
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	HIV Self-Management/Health Education and Promotion	<i>(Select all that apply)</i> Topic #: _____ OR Non-Care Coordination Conversation #: _____ Other topic (Specify: _____) (Select only one) Started topic, but did not complete Continued topic, but did not complete Completed topic		
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Case finding	<i>(Select all that apply)</i> Case identification/search of medical records Case outreach Case located Case interviewed Returned to care Enrolled in OBMC Other disposition	Total estimated time spent on case-finding activities: _____ (hours) (minutes)	<i>(Select all that apply)</i> Referrals/ Appointments Tracking Log/ Checklist None
mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Care Team Coordination/Case conference	<i>(Select only one)</i> Initial case conference (at or before enrollment) Informal/unscheduled ongoing conference Formal/scheduled ongoing case review		

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mm dd yyyy	Start time: _____ am/pm End time: _____ am/pm Travel time: _____ (hours) (minutes)		Program site (Specify: _____) Client home Other field site (Specify: _____) Phone	Logistics planning	<i>(Select all that apply)</i> Care plan/ service plan Case conference Case finding Health education/promotion Intake assessment Other assessment/reassessment Outreach for patient re-engagement	Tools Used: <i>(Select all that apply)</i> Intake Assessment Topic Page Scheduling Client Meetings Topic Page Scheduling Tools Scheduling Challenges Video None

Notes:

Program Staff Completing Form: _____ Date Completed: _____
Name
Signature
mm dd yy