Harm Reduction Specialist Individual Client Work - Documentation Form

Harm Reduction Specialists should take notes in this template for each client met with individually in shelter. Main goal is to provide risk reduction information, resources, and support to clients, and help clients get to services they need.

Encounter Date:					Shelter name:				
Client Name:			DO	B:			CARES ID:		
Services Provided:		Universal harm reduction			oxone Training Training		Risk Reduction Counseling		Safety Planning
Client goal:									
Referral provided:									
☐ Health Insurance		☐ Peer/Vocation	nal Tr	ainin	ng 🗆 Shelte	r Trans	fer \square	Sı	upportive housing
☐ Mental Health		☐ Medical			□ Substa				SP/OPC
□ Other:									
Name of place(s) refe	rred	to:						Da	te attended:
Linkage Assistance		Nurse Call Line		hedi	uled \square	Tran	sport		Reminder
Provided		ExpressCare			ntment		dination		Accompaniment
Notes:		•	•	•					,
Encounter Date:					Shelter name:				
Client Name:			DO	B:			CARES ID:		
Services Provided:		Universal harm		Nalo	oxone Training		Risk Reduction		Safety Planning
		reduction education		FTS	Training	(Counseling		
Client goal:									
Referral provided:									
☐ Health Insurance		☐ Peer/Vocation	nal Tr	ainin	ng 🗆 Shelte	r Trans	fer	Sı	upportive housing
☐ Mental Health								_	SP/OPC
		☐ Medical			□ Substa	ince U	se	S	,
□ Other:					□ Substa	ince U	se u		
☐ Other: Name of place(s) refe	rred				□ Substa	ince U	se L		te attended:
	rred				□ Substa	ince U	se u		
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	erred		So	chedi					
Name of place(s) refe		I to:				Tran	sport	Da	te attended:
Name of place(s) refe		I to: Nurse Call Line			uled	Tran	sport	Da	te attended: Reminder
Name of place(s) refe		I to: Nurse Call Line			uled	Tran	sport	Da	te attended: Reminder
Name of place(s) refe		I to: Nurse Call Line			uled	Tran	sport	Da	te attended: Reminder
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Referral provided:						
Health InsuranceMental HealthOther:	☐ Peer/Vocation ☐ Medical	onal Trainir	~	r Transf ince Use		Supportive housing SSP/OPC
Name of place(s) refe	rred to:					Date attended:
Linkage Assistance Provided	☐ Nurse Call Line☐ ExpressCare	☐ Sched	uled 🗆	Trans _i coord	oort ination	Reminder Accompaniment
Notes:						
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Notes:						