

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:		DOB:	CARES ID:
Services Provided:	<input type="checkbox"/> Universal harm reduction education <input type="checkbox"/> Naloxone Training <input type="checkbox"/> Risk Reduction Counseling <input type="checkbox"/> Safety Planning <input type="checkbox"/> FTS Training		
Client goal:			
Referral provided:			
<input type="checkbox"/> Health Insurance <input type="checkbox"/> Peer/Vocational Training <input type="checkbox"/> Shelter Transfer <input type="checkbox"/> Supportive housing <input type="checkbox"/> Mental Health <input type="checkbox"/> Medical <input type="checkbox"/> Substance Use <input type="checkbox"/> SSP/OPC <input type="checkbox"/> Other:			
Name of place(s) referred to:			Date attended:
Linkage Assistance Provided	<input type="checkbox"/> Nurse Call Line <input type="checkbox"/> Scheduled appointment <input type="checkbox"/> Transport coordination <input type="checkbox"/> Reminder <input type="checkbox"/> ExpressCare		
Notes:			

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