

# Encounter Form

## Assignment 1

Appt Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Appt Outcome: \_\_\_\_\_

Follow-Up Appointment: Do you want to cover? Yes No

Appt Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Appt Type: \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Doctor: \_\_\_\_\_

Interpreter Arrived on time  Facility Initials: \_\_\_\_\_

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## Assignment 2

Appt Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Appt Outcome: \_\_\_\_\_

Follow-Up Appointment: Do you want to cover? Yes No

Appt Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Appt Type: \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Doctor: \_\_\_\_\_

Interpreter Arrived on time  Facility Initials: \_\_\_\_\_

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## Assignment 3

Appt Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Appt Outcome: \_\_\_\_\_

Follow-Up Appointment: Do you want to cover? Yes No

Appt Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Appt Type: \_\_\_\_\_ Duration: \_\_\_\_\_

Location: \_\_\_\_\_ Doctor: \_\_\_\_\_

Interpreter Arrived on time  Facility Initials: \_\_\_\_\_