

**Acute Peer-to-Peer Program  
Peer Contact Form**

Client Code: \_\_\_\_\_ Peer Code: \_\_\_\_\_ Date of Contact \_\_\_/\_\_\_/\_\_\_

**Description of the contact: Please circle the appropriate item:**

<u>Who Initiated Contact?</u>  <b>Client</b> <b>Peer</b> <b>Other Staff</b> <b>Other individual</b>	<u>Who was Contacted?</u>  <b>Client</b> <b>Family/Friends</b> <b>Case Worker</b> <b>Medical</b> <b>Other</b> <b>Not Applicable</b>	<u>Type of Contact</u>  <b>Face to face</b> <b>Phone</b> <b>Mail</b> <b>Left message only</b> <b>Phone but no answer</b> <b>Other</b>	<u>Treatment Plan</u> <u>Adherence Questions</u>  <b>Did you talk about adherence?</b> <b>Yes</b> <b>No</b>  <b>Is the client say she or he is adherent?</b> <b>Yes</b> <b>No</b>  <b>Did the client mention missed days or meds holidays?</b> <b>Yes</b> <b>No</b>  <b>If the client has missed meds, about how many days?</b> _____ days
<u>Where?</u>  <b>Unsuccessful contact</b> <b>Phone contact</b> <b>Program office</b> <b>ID clinic</b> <b>Other clinic</b> <b>Street</b> <b>Hospital wards</b> <b>Drug Program</b> <b>Other Location</b> <b>Client's Home</b>	<u>Life Stressors Addressed</u>  <b>None</b> <b>Health</b> <b>Anxious/depressed/lonely</b> <b>Benefits/insurance</b> <b>Problems with partner/kids</b> <b>Money</b> <b>Housing</b> <b>Family's health</b> <b>Death of family/friend</b> <b>Legal problems</b> <b>Any accident</b> <b>Other (Explain)</b>	<u>Referrals Made</u>  <b>None</b> <b>Program Case Mng'r</b> <b>Health Educator</b> <b>Medical Provider</b> <b>Outside referral</b> <b>Program support group</b>	
<b>Notes: Share with us anything you want about the contact</b>			