**PRIMARY ENCOUNTER REPORT**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>FACILITY</th>
<th>UNIT (optional)</th>
</tr>
</thead>
</table>

**Subjective Complaint/Objective Findings/Assessment/Evaluation:**

**Diagnosis/Plan/Rx:** (Diagnosis required for medication orders. Allergies required for new medication orders.)

☐ Risks/benefits of recommended intervention explained; patient consents.

Name and Title of Employee/Contract Staff Performing Encounter:  
Signature:

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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

DOC 320.255  DOC 320.260  DOC 410.430  DOC 420.250  DOC 420.255  
DOC 420.312  DOC 610.010  DOC 610.025  DOC 610.600  DOC 670.020  DOC 890.600

DOC 13-435FP (10/23/2020)  MEDICAL