# SPNS Cooperative Agreement Evaluation
## Module 2A Intervention-Services Form
## National Evaluation by The Measurement Group

**ID Letters** | **ID Numbers** | **Site** | **Sub-Provider** | **Staff Code**

**Note: Code psychosocial services on Module 2B**

**Service Date** Month / Day / Year

○ Visit ○ Daily Summary

**Nursing Home (Fill in bubble if provided today)**

○ Residential Health Care Facility ○ Skilled Nursing Home Facility

**Type of visit (CPT Code)**

#1 #2 #3 #4 #5 #6 #7

**Ambulatory Care (Visits today)**

Physician Office: Primary Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Physician Office: Specialty Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Health Center: Primary Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Health Center: Specialty Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

**Radiology (CPT Code)**

#1 #2 #3 #4 #5 #6

**Procedures (CPT Code)**

#1 #2 #3 #4 #5

**Laboratory (CPT Code)**

#1 #2 #3 #4 #5 #6 #7 #8 #9 #10 #11 #12

**Inpatient Medical Care (Fill in bubble if provided today)**

○ Intensive Care Unit
○ Acute Care
○ Alternative Care

**Dental Care (Visits today)**

Emergency Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Routine Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

**Emergency Room (Visits today)**

Urgent Care
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Emergency Room
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

Admitted to Hospital
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

**Specialty Medical (all that apply)**

○ Cardiology
○ Dental
○ Dermatology
○ Gastroenterology
○ Gynecology
○ Infectious disease
○ Neurology
○ Neuropsychology
○ Nutrition
○ Obstetrics
○ Opthamology
○ Psychiatry
○ Pulmonary
○ Surgery
○ Other Specialists

**Durable Medical Equipment (charges)** $

○ **Participates in clinical trial(s)**

○ **Location serves HIV+ clients only?**

○ **Location provides comprehensive care?**

**Homecare (Visits today)**

by Homemaker
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

by Home Health Aide
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

by Visiting Nurse
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 or more

**(Fill in bubble if provided today)**

○ Daycare ○ Home Hospice ○ Residential Hospice

**Services Provided By (all that apply)**

○ MD
○ Midlevel (NP, PA)
○ Nurse
○ Student
○ Resident
○ Dietitian, RD
○ Other Medical Provider

**Staff Codes**

Staff code (×12)

Staff code (×12)

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