# 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)**
○ Adult Group Home ○ Residential Health Care Facility ○ Nursing 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

**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

**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
○ Hematology
○ Infectious disease
○ Nephrology
○ Neurology
○ Neuropsychology
○ Nutrition
○ Obstetrics
○ Oncology
○ Ophthalmology
○ Psychiatry
○ Pulmonary
○ Surgery
○ Other Specialists

**Inpatient Medical Care (Fill in bubble if provided today)**
○ Intensive Care Unit ○ Acute Care ○ Sub-acute Care

**(Fill in bubble if provided today)**
○ Daycare ○ Respite Care ○ Home Hospice
○ Residential Hospice

**Durable Medical Equipment (charges)** $

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

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

○ **Location provides comprehensive care?**

**Services Provided By (all that apply)**
○ MD
○ Midlevel (NP, PA)
○ Nurse
○ Student
○ Resident
○ Dietitian, RD
○ Other Medical Provider

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