



WSM Clinic-based Patient Encounter Form

I am asking questions and taking notes today to best understand your health. This will take about 15 minutes. These will remain confidential within our street medicine care team

If done in pairs, one student can take notes while the other leads interview

Patient Information

Today's Date: _____ Location Seen: _____

Name: _____ Date of Birth: _____

Phone number or email: _____

What is your self-identified race? (Select all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other: _____

Insurance

Primary Care provider (Where do you go when you need healthcare?)

Vital signs

Heart Rate	Respiratory Rate	
Blood Pressure Reading 1:	Blood Pressure Reading 2:	Blood Glucose:

Subjective

Acute Health Conditions

- Onset
- Location
- Duration
- Characteristics
- Aggravating factors, relieving factors
- Treatment
- Have you been evaluated for this condition?

Chronic Active Health Conditions

- Symptoms
- Diagnosis (what, when)
- Current treatments
- Past treatments
- Who manages this?
- Last Emergency room visit:



Any ER visits in last 6 months (reason)?

Mental Health

Goals

What goals do you have for your life and health?

Social History

Housing stability

Housed? Y/N

Current living or sleeping where:

Currently working with housing case manager (Full name/Org name):

Length of homelessness:

Past long term housing:

Awareness of local housing/shelter resources?

Food security

Do you have access to regular meals?

Meal provided?

Connection with local resources

Winter safety

What is your plan if it is too cold to shelter outside?

Supplies needed? _____

Supplies provided _____

Functioning

Tell me about your day

Substance use

Tobacco: Packs per day: Years: Total PYH

EtOH: Drinks per week How long?

Heroin: Last use? Familiar with Narcan?

- If yes to any of the above and interested in reducing use, provide appropriate cessation resources and note which was given _____

Social supports

Who is someone that you can rely on [more sensitive question, note from Dr. Williams]

Behavioral Health:

What would you most like to do to improve your health?

What things have most helped or stopped your work in improving your health

Past medical history:

Health maintenance:

Vaccinations

2020 Flu Vaccine?

Thoughts on COVID19 Vaccine?

Cancer screenings

Past surgical history:



Family history:

Medications:

Current medications and doses:

Access to medications:

Medications needed:

Allergies:

Review of systems:

Constitutional:

Ear, nose, mouth, & throat:

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Integumentary:

Neurological:

Psychiatric:

Endocrine:

Hematologic/lymphatic:

Allergic/immunologic:

Objective:

Physical exam:

Assessment and Plan

Shared goal:

WSM actions

-Resources provided

-Medications provided at this encounter:

Patient actions (self management, next steps)

-Connection to community resources

Plan for follow up

Concerns:

For WSM use after encounter has closed:

Reflections

What went well?

What could have been improved?