



Street-Based Patient Encounter Form

Today's Date: _____ Location Seen: _____

****TO BE COMPLETED BY OR WITH PATIENT****

Name: _____ Date of Birth: _____

Phone number or email: _____

Housing Status: _____

Medical needs or goals: _____

Past Medical History

Behavioral Health History

Current Medications

Allergies

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

Insurance

Narrative Section Include information below about basic services provided on the run, relevant discussions or updates from the patient, plans to follow up, etc.

What information/education/resources were provided?

****TO BE COMPLETED BY WOLVERINE STREET MEDICINE****

****COMPLETE SECTION BELOW IF BLOOD PRESSURE/BLOOD GLUCOSE MEASUREMENT IS INDICATED****

Explanatory Statement: We are collecting this information to improve how we care for chronic issues like high blood pressure and diabetes with street medicine.

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

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

Blood Pressure Reading 1:	Blood Pressure Reading 2:	Blood Glucose:
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Current medications "What medications are you currently taking"	Medications and doses:	
Prescribed on the run	Medications and doses: Prescriber: _____	
Supplies provided/used up on the run	Medications:	Supplies:



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