\*If done in pairs, please have one volunteer interview while the other fills out this form

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| Encounter Information | Patient Information |
| Interviewers:  | Name: |
| Location of Encounter: | Ethnicity: |
| Patient Contact Information | DOB: |
| Phone Number(s): | SSN (last 4 numbers):  |
| Places they can be found: | Insurance (if not, write “uninsured”):Where do you go when you need healthcare? |
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| **Follow-ups** |
| Follow up with Dean or SMD? | Referred to an outside organization (Y/N)? Which organization? | Referred to Road Home/Mr. Ramsey (Y/N)?**Refer to The Road Home for patient’s linkage to Permanent Supportive Housing.** | Referred to PATH (Y/N)?**Refer to PATH if patient presents with a mental illness and/or a co-occurring substance abuse disorder and is experiencing homelessness or at-risk of homelessness. Services: housing assistance (security deposit), benefits assistance (SSI/SSDI)** |

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| **History** |
| CC: |
| HPI:O:P:Q:R:S:T:A:A: |
| Past Medical History: | Last ER Visit (date):Reason: |
| Past Hospitalizations (include reason and date of hospitalizations):Past Surgical History (include date of surgeries): | Allergies:Current Meds/OTC/CAM: |

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| **Family History** |
| Mother:Father:Siblings:Children:Misc: |

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| **Social History – Living Situation** |
| Length of homelessness (Put ‘housed’ if not homeless):Number of episodes of homelessness in past 3 years:Currently living where:Has lived there for how long:Does patient or family member own or rent it (if applicable):Where did they stay before that:Where did they last live long-term (and for how long):  |

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| **Social History Substance Use** |
| EtOH? Y / NDrinks per week: | Tobacco? Y / NHow Long?How Much?Pack-years (packs/day x # years smoking): | Marijuana? Y / NHow long?Last use: | Crack/Cocaine? Y / NHow long?Last use: | Heroin? Y / NHow long?Last use:IV use?Shared Needles? |

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| **Social History Misc.** |
| Sexual HistorySexually active?# of partners in past year?Sex with Men/Women/Both?Uses protection? Birth control?What kind?At every encounter?STIs? | Education level (last grade finished):Diet:Exercise: |

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| **Vitals** |
| BP | HR | Other relevant findings: |

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| **ROS and Physical Exam (Positives and Pertinent Negatives)**  |
| Patient presents alert and oriented Y/N (if no, describe)? |

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| **FUSE** |
| How many times have you been to the ER in the last year? **If 4 or more times then ask Street Leader for a FUSE referral form.** |

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| **Assessment / Problem list** |
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| **Plan / Treatment** |
| Medications given (please include dosage): | Other treatment provided: |
| Counseling provided: |