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

|  |  |
| --- | --- |
| 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 / N  Drinks per week: | Tobacco? Y / N  How Long?  How Much?  Pack-years  (packs/day x # years smoking): | Marijuana? Y / N  How long?  Last use: | Crack/Cocaine? Y / N  How long?  Last use: | Heroin? Y / N  How long?  Last use:  IV use?  Shared Needles? |

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| **Social History Misc.** | |
| Sexual History  Sexually 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: | |