



SMD HISTORY AND PHYSICAL FORM

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

Encounter Information	Patient Information
Interviewers: Location of Encounter:	Name: Date of Birth:
Patient Contact Information	Ethnicity:
Phone Number(s): Places they can be found:	Insurance (if not, write "uninsured"): Where do you go when you need healthcare?

History	
CC:	
HPI: O: P: Q: R: S: T: A: A:	
<u>Past Medical History:</u>	<u>Last ER Visit (date):</u> <u>Reason:</u>

<p><u>Past Hospitalizations (include reason and date):</u></p> <p><u>Past Surgical History (include year):</u></p>	<p><u>Allergies:</u></p> <p><u>Current Meds/OTC/CAM:</u></p>
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Family History
<p>Mother:</p> <p>Father:</p> <p>Siblings:</p> <p>Children:</p> <p>Misc:</p>

Social History – Living Situation
<p>Length of homelessness (Put ‘housed’ if not homeless):</p> <p>Number of episodes of homelessness in past 3 years:</p> <p>Currently living where:</p> <p>Has lived there for how long:</p> <p>Where did they stay before that:</p> <p>Where did they last live long-term (and for how long):</p>

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

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:

Vitals

BP

HR

Other relevant findings:

ROS and Physical Exam (Positives and Pertinent Negatives)

Patient presents alert and oriented Y/N (if no, describe)?

Assessment / Problem list

Plan / Treatment

Medications given (please include dosage):

Other treatment provided:

Counseling provided: