FAMILY MEDICINE CLERKSHIP

HOME VISIT

PATIENT'S NAME: ____ **DATE:** __________________

AGE:_______ **SEX:**_______ **RACE:**_______ **MARITAL STATUS:**_______ **RELIGION:**_______

FAMILY MEMBER PROMPTING HOME VISIT: _____________________________________

REASON PROMPTING HOME VISIT: ____

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DESCRIPTION OF NUCLEAR FAMILY (SIZE, LIFE CYCLE, AGES OF MEMBERS):

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DESCRIPTION OF HOME: ____

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OCCUPATION OF PATIENT AND FAMILY MEMBERS (JOB SATISFACTION, STRESS, HAZARDS):

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USUAL SOURCES OF HEALTH CARE AND UTILIZATION RATE OF FAMILY:

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LIST ALL MEDICATIONS THE PATIENT IS CURRENTLY TAKING (INCLUDING ANY OVER-THE COUNTER MEDICATIONS AND/OR ALTERNATIVE MEDICINE) AND CALCULATE THE MONTHLY COST OF MEDICATIONS FOR THIS PATIENT (YOU WILL NEED TO CONTACT THEIR PHARMACY TO GET THE COST OF THE MEDICATIONS.):

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FINANCIAL RESOURCES FOR MEDICAL EXPENSES: ____________________________

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IMPACT OF ILLNESS ON FAMILY (EMOTIONAL, PHYSICAL AND ECONOMIC ASPECTS):

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DESCRIPTION OF THE DECISION MAKING PROCESS FOR THIS FAMILY:

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PATTERN OF FAMILY MEMBER INTERACTION: ______________________________

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IDENTIFY A NEED OF YOUR PATIENT THAT COULD BE MET BY PUBLIC HEALTH OR OTHER COMMUNITY SERVICE AGENCIES (EX. COUNTY HEALTH DEPT., COMMUNITY MENTAL HEALTH OR MOSQUITO ABATEMENT PROGRAM):

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WHAT RESOURCES EXIST IN THE PATIENT'S COUNTY TO MEET THESE NEEDS?

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HOW COULD THIS COUNTY BETTER SERVE RESIDENTS WITH SIMILAR NEEDS?

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HOW DID THIS HOME VISIT IMPACT YOUR FUTURE CARE OF THE PATIENT?

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