

## Record Keeping



### Introduction

Medical record keeping, in street medicine and other areas of medicine, serves the primary purpose of safeguarding continuity of care and patient safety. Other important purposes include patient care necessities, such as prescribing, referrals, and displaying lab or test results; legal and risk management; and billing. Medical records often allow clinicians to collect data for the purposes of quality assurance and document metrics for program evaluation and research. In each setting, medical records should be kept secure and private as required by law.

Street medicine medical record keeping differs from indoor medical settings in a variety of ways including demographic information, such as street names and lack of permanent address; location of encounters; and required forms, such as consent for treatment and acknowledgement of privacy policies. These aspects may influence record system choice, customization for the chosen system, or workarounds for programs that cannot select their own system.

Teams will likely use some mix of paper and electronic medical record (EMR) charting, and programs will need to determine the best method for integration. The Street Medicine Institute recommends against using only paper charts for programs that have sufficient funding or work within an organization that has an EMR. However, paper charting may be the only option for record keeping among low-resource programs.

While this guideline seeks to help street medicine programs consider various components of medical record keeping, each program has different needs and no one solution will be best for every team. The Street Medicine Institute does not endorse specific EMR systems, though some brand names are included as examples in this guideline.

### Selecting an Electronic Medical Record System

Programs should use the EMR of their parent organization where applicable. Programs without access to an EMR may be able to select an EMR with customization for the street in mind, though cost may be significant for commonly used EMRs that offer systems-level integration with local hospitals or other cities. At the time of writing this guideline, there are no EMR systems specifically for street medicine. The right system will depend on the unique needs of the program, and no matter the system there should be a downtime/contingency plan in place. The following table compares possible available EMR systems.

| Type of EMR            | Examples                   | Ease of use                   | Ease of customization            | Cost                                 | Benefits/limitations                                                                                                            |
|------------------------|----------------------------|-------------------------------|----------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Enterprise-Level EMR   | Epic<br>Cerner             | Low; high learning curve      | Low                              | High                                 | Commonly used in healthcare<br>Can have the ability to share records between organizations<br>Generally has most capability     |
| Online EMR Service     | Athena<br>Practice Fusion  | High                          | High                             | Low but may increase with capacity   | May have discount or free options for charity/nonprofit organizations                                                           |
| Online Database System | REDCap<br>Google Workspace | Variable                      | High                             | Variable with free options available | Generalized database system with additional privacy-focused measures.<br>May have limitations or need significant customization |
| Open Source EMR        | OpenEMR<br>OpenMRS         | Moderate; high learning curve | Moderate; needs technical skills | Free but may have equipment costs    | Accessible for under-resourced areas<br>Needs technical skills for set up<br>May lack some capabilities e.g. billing            |

## Considerations When Adapting an EMR

Street medicine is a unique form of healthcare, so conventional record systems may need adjusting to be useful for outreach. The areas that often need changes can be loosely categorized into scheduling and visits, registration, care during outreach, and billing. These categories and their commonly encountered challenges and proposed solutions are covered in Appendix 1.

## AI Note Writing Services

Some programs incorporate AI documentation services into note writing. While this can counter the burden of documentation, there is also risk for serious documentation errors. Ensure that patients are appropriately consented, and review all notes for accuracy before signing (Razaghi et al., 2026).

## **Integrating Electronic and Paper Charting**

Most teams find that keeping field notes or paper records while on street rounds is simpler and allows encounters to feel more natural or conversation-like. Some clinicians, especially those driving to patient locations, elect to document in the EMR in the vehicle while another team member drives. Others may use their field notes as a reference to complete electronic charting upon return to the office. Some EMRs have speech to text capacity for charting which can make charting from field notes faster and easier, though this often requires a good cellular network connection.

Some teams prefer to complete a paper medical encounter form on street rounds and scan it into the medical record. Keep in mind, however, that scanning records will require additional time, and the scan may not be as quickly available or as accessible as electronic records. While writing might be faster for clinicians, these barriers plus writing legibility and scanning quality can impair easy communication and continuity of care.

See Appendix 2 for example medical encounter forms.

## **Street Medicine Charting**

The following are unique elements and good practices relating to street medicine charting.

- Elements of street medicine charting:
  - Homelessness history - examples include noting if someone is experiencing unsheltered homelessness or if they meet the definition of chronic homelessness, which can help patients qualify for specific housing or other benefits.
  - Address/location - while someone who is unsheltered may not have a house address, they may use an address of a trusted friend or family member, post office box, or mail services through a homeless services agency for mail. Programs can also consider asking the patient “where will you move to if you need to relocate?”
  - Contact information - consider asking for a phone number if they have one or the phone number of a friend.
  - People experiencing homelessness may be estranged from family, so when asking about emergency contact or next of kin it can be helpful to ask about trusted friends or individuals they’ve identified as family.
  - Additional helpful history elements are described in the HOUSED BEDS tool (Feldman et al., 2019).
- Set an example when charting and avoid stigmatizing language:
  - Avoid words such as “disheveled”, “unkempt,” “drug abuser,” or “addict” as they do not contribute to medical information but stigmatize the patient. Use person-first language and refer to patients by how they want to be identified, whether by street name, gender identity, or something else (Vanka et al., 2025).

- Avoid charting “noncompliant” when a patient is unable to complete a plan and instead describe the reason and/or barriers. A patient’s ability to complete a care plan is heavily determined by external factors, and describing it as a personal failing is both incorrect and contributes to stigma (Beltrán et al., 2025).
- When possible, choose specific diagnoses for chronic medical conditions and avoid “NOS” (not otherwise specified) diagnoses. This can help when medical documentation is later used for benefits and disability verification.
- People who are unsheltered are at higher risk of readmissions or increased use of the emergency department. It is helpful to document in detail so that clinicians in other services have a more accurate and comprehensive understanding of the challenges and therefore create an appropriate plan of care. It can also help to frame the experience to counter prevailing biases in traditional settings.
- Some programs participate and document in other record systems for service coordination e.g. Homeless Management Information System (HMIS) in the United States. In addition to any applicable privacy/sharing laws, be mindful when documenting in these systems. These record systems are often used to verify benefits for specific groups such as those with mental health or substance use disorders, and this information may be accessible to parties that the patient does not want to share with such as law enforcement. Ensure that the patient has appropriate consent to share their health information in these systems.
- Additional information in records can be used secondarily to demonstrate effort and the work being done, show positive outcomes, and utilized as a tool to advocate for support and growth by parent organizations.
- Programs that include trainees such as students or residents need to ensure that the same appropriate documentation standards are followed in street medicine e.g. attestations. See Appendix 3 for an example documentation procedure involving students.

### Deciding What Services Need Charting

Street medicine care can often look different from hospital/clinic care and provide health services beyond the conventional understanding of “healthcare.” This can make it confusing about when to chart services; while all healthcare services in the traditional sense of the word need to be charted, it can be unclear for other encounters how much care is “enough” to count. It is equally important to keep in mind that requiring excessive documentation will likely overburden street medicine team members and lead to exhaustion and burnout.

Consider the example of a street medicine clinician who brings food and water to a patient and counsels them about their health. This example may be considered a health encounter even if no “exam” was done and no prescription medications were given. There are many conditions and social determinants of health that have International Classification of Diseases (ICD) codes that can be used for documenting, such as “inadequate drinking water supply” or “food insecurity.” Additionally, the act of considering and deciding not to prescribe a medication (or giving over-the-counter medication) is an example of medical decision-making and should be documented. The answer for whether to document will depend on factors such as billing, local regulations, and organizational policies. Street medicine programs should consider a guideline or policy to keep documentation appropriate and consistent.

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## References/Additional Reading

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## Appendix 1.

The following table describes often encountered challenges and proposed solutions when adapting an EMR for street medicine use.

| Title                        | Challenge                                                                                                                                                                                                                                                                                                              | Possible Solutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Scheduling</b>            |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Appointments                 | Street medicine is generally considered an outpatient service and classified as a clinic. It can however be hard to put patients on a traditional "appointment" schedule due to unpredictability with encounters.                                                                                                      | Many teams prefer to schedule patients they plan to see again so they are not lost to follow-up, but also leave portions of the schedule for "walk-in" encounters. Another option if the schedule is full is to double book (schedule two patients at the same time) patients if the system allows it.                                                                                                                                                                                                                                                                                                                            |
| Slot utilization             | Some organizations measure slot utilization (percent of a provider's available time filled with patient visits) and no-show rates, then use these metrics to give bonuses or take corrective action for low slot utilization.                                                                                          | In order not to punish street medicine providers for no-shows, some teams block all appointment times in the schedule, then add patients as an overbook (scheduling in blocked appointment slots) on the schedule when an encounter occurs.                                                                                                                                                                                                                                                                                                                                                                                       |
| Location for encounters      | The EMR may not have the ability to enter unique encounter locations. For example, the EMR charts the location for all patients seen as "street medicine" and cannot describe further what part of town or more specific location.                                                                                     | Consider adapting existing methods used for home visits or mobile medical units if these exist. If free-text locations are unavailable, consider using categories instead e.g. neighborhood, zip code, or landmarks. While the exact location can be entered into the chart itself, this may limit data analysis abilities later.                                                                                                                                                                                                                                                                                                 |
| <b>Registration</b>          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Lengthy registration process | Some EMRs have multiple "hard stops" that prevent the registration process from moving forward if information is not inserted. There may also be numerous forms that need to be filled out and/or signed at the start.                                                                                                 | Work with IT and registration personnel to allow some flexibility with required information where possible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Required demographics        | Patients may only give their "street name" instead of legal name due to mistrust. Other examples include social security numbers (SSN) or ID numbers, address, and other information the patient may not know, not have, or be unwilling to disclose. These fields may however be required in order to create a chart. | If needed, use a consistent false number that can be readily identified by the street medicine team. Examples include filling out a social security number with all 0's or using the office address when filling out the patient's address. Insert a street name for the first and last name or as a first name with the last name of "Doe," which indicates the person's real name is unknown. Most organizations have contingencies for registering patients with an unknown identity, particularly if the organization has an emergency department. Fill in or correct the missing and false demographics later when possible. |
| Identification documents     | Many patients may not be able to prove their identity/insurance as they do not have their ID or insurance card. While most organizations do not absolutely require it, quality or risk management may be concerned with an ongoing lack of confirmation of patient identity.                                           | Include team members with registration or case management background that can verify identity through other means if needed. If there is remote access capability, the team may be able to see if identification is already in the EMR system. Programs may also consider verifying through other systems such as HMIS.                                                                                                                                                                                                                                                                                                           |

| Care During Outreach                          |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accessing the EMR during street rounds        | Accessing the EMR during street rounds to ensure continuity of care can be challenging due to the aspects such as location and weather.                                                                                                                                                                                                           | Wifi hotspots can be helpful if the device does not have a built-in internet connection, though the connection may be unreliable. Selecting a hotspot provider that has the best coverage in the team's area of service can help. An EMR that is available on a phone or as view only can be very helpful for quickly reviewing records. For teams in areas where network service is poor, plan to spend time reviewing the record for each scheduled patient prior to leaving the office.                                                                                      |
| Consent forms during outreach                 | Patients may not want to fill out and sign numerous consent forms; traditional health forms and their stern legal agreements can be hard to understand and/or contribute to mistrust due to prior institutional trauma.                                                                                                                           | If allowable by the parent organization, document verbal consent if the patient provides it but does not want to sign forms. For organizations that require a signature, the letter "X" or an illegible signature are often acceptable. Consider pre-filling the paperwork as much as possible before signing, allowing a single signature for all consent forms, and/or allow retrospective consent so that the team can build rapport first then get forms signed later.                                                                                                      |
| Required paper consent forms                  | Some organizations require that a paper form, such as a privacy form, be offered to all patients.                                                                                                                                                                                                                                                 | Laminate one copy of the form to protect it from the weather to keep with the street medicine backpack as well as 1-2 paper copies. Very few patients want a paper copy.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Documenting medications dispensed to patients | Many teams prefer to dispense medications directly to patients while on street rounds, as it circumvents barriers to taking the medications, including difficulty getting to a pharmacy, stigma at the pharmacy, and/or lack of money for a co-pay. This in turn needs to be manually charted in the EMR (since it does not go through an order). | Most EMRs update the medication list in the patient's chart when an electronic prescription is sent to a pharmacy. Clinicians may need to update the medication list in the chart in addition to documenting the medication plan in the patient encounter to best communicate to other clinicians what was given. While this may feel frustrating to clinicians overburdened with documentation, updating the medication list is vital for patient safety. Some teams may have students or staff update the medication list if this division of labor makes sense for the team. |
| Billing (in the United States)                |                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Place of service (POS) code not available     | Some EMRs do not have POS code 27 loaded into it.                                                                                                                                                                                                                                                                                                 | Advocate for updating the place of service codes in the EMR with your organization's IT department either as an individual update or when the next system update will occur                                                                                                                                                                                                                                                                                                                                                                                                     |
| Place of service code use                     | In some EMRs, the clinician's work environment automatically attaches a place of service code to charted encounters. When starting a street medicine program within the organization, there may not be a method for adding or changing the place of service code.                                                                                 | Request for a "street medicine" location or clinic when logging into the EMR with the place of service automatically set as POS code 27. Teams that intend to provide care in other locations such as home visits (indoors), mobile medical unit, respite, or hospital consult service should make a plan for how to use the appropriate POS code to document a visit when it is not a street location.                                                                                                                                                                         |

## Appendix 2. Example Encounter Forms

The last two pages are example medical encounter forms. The first form is for a general medical encounter, while the second form is for a mental health evaluation. Again, while it is generally not advised to only use paper charting for documentation due to its limitations, these forms can be useful as field notes in conjunction with an EMR or for students to use to guide their evaluation. Some additional comments:

- Allow patients to only share their street name and strive to minimize required or “hard stop” information in order to lower barriers toward care.
- The location, demographics, and brief questions in the medical encounter form can be used as part of quality improvement/assurance programs to create metrics and evaluate provided care.
- Consider including an address and/or phone number field.
- Additional vital signs can include height/weight and last menstrual period.
- Chief concern is preferred over the historical chief “complaint” given its negative connotations (Cox, 2022).
- Aspects of a street-based mental health evaluation is discussed in the following webinar: Frye, L. (2026, February 9). *Street-based Mental Health Assessment* [Webinar]. Street Medicine ECHO. <https://iecho.org/batch/BCH16935156972533FJUN2CZCF>

## Appendix 3. Example Documentation Procedure with Students

This example procedure involves students and uses a record keeping system that includes both paper notes and an EMR.

1. During street rounds, the student will act as a scribe to take notes on the history and physical exam as dictated by the clinician. Students will take notes on the Street Medicine documentation form.
2. Students will either give the hand-written notes to the clinician at the conclusion of the street outreach or type the notes and send it to the clinician through approved secure methods, depending on clinician preference. Typed notes must be sent to the clinician no later than noon on the Friday following the street outreach.
3. The outreach nurse is responsible for creating the encounter and entering vital signs and other vital information by close of business Thursday following the street outreach. In the event that the outreach nurse did not attend the outreach, the clinician will create the chart.
4. The clinician is responsible for completing notes in the EMR by close of business on Friday following the street outreach.
5. The clinician is also responsible for appropriately coding the note and recording the encounter under “Street Medicine Clinic” so that IT and the quality officer will be able to separate street medicine encounters from clinic encounters when analyzing and reporting data.

## Street Medicine Medical Encounter Form

|           |                 |       |       |
|-----------|-----------------|-------|-------|
| Location: | Clinician Name: | Date: | Time: |
|-----------|-----------------|-------|-------|

|                                                   |      |                           |       |
|---------------------------------------------------|------|---------------------------|-------|
| Patient Name (and/or Street Name, if applicable): |      |                           |       |
| Date of Birth:                                    | Sex: | Pronouns/Gender Identity: | Race: |

|                                     |                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is your insurance information? | Who is your primary care doctor (if any)?                                                                                                                                                                                                                 |
| How long have you not had a home?   | Where would you go if you did not see us today/where do you typically get medical care?<br><input type="checkbox"/> Will not seek care <input type="checkbox"/> ER <input type="checkbox"/> Clinic/PCP<br><input type="checkbox"/> Don't know where to go |

|                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------|---------------------------------|----------|-------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------------|------------------------------------|----------------------------------|---------------------------------|-------------------------------|-----------------------------------|--------------------------------|----------------------------------------|------------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------------------------|-----------------------------------|------------------------------|--|--------------------------------------|----------------------------------|--|--------------------------------|--|--|---------------------------------|--|---------------------------------|
| Chief Concern:                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| Allergies:                                                                                           | Past Relevant History:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| Vitals: [ BP            ] [ HR            ] [ RR            ] [ O <sub>2</sub> ] [ Temp            ] |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| History/Subjective:                                                                                  | <div>Objective/Exam:</div> <table><tr><td>General:</td><td>CV:</td><td>Pulmonary:</td><td>Abdomen:</td><td>Skin:</td></tr><tr><td><input type="checkbox"/> Normal</td><td><input type="checkbox"/> Normal</td><td><input type="checkbox"/> Normal</td><td><input type="checkbox"/> Normal</td><td><input type="checkbox"/> Normal</td></tr><tr><td><input type="checkbox"/> Distressed</td><td><input type="checkbox"/> Irregular</td><td><input type="checkbox"/> Wheezes</td><td><input type="checkbox"/> Tender</td><td><input type="checkbox"/> Warm</td></tr><tr><td><input type="checkbox"/> Fatigued</td><td><input type="checkbox"/> Tachy</td><td><input type="checkbox"/> Rales/Rhonchi</td><td><input type="checkbox"/> Distended</td><td><input type="checkbox"/> Cool</td></tr><tr><td><input type="checkbox"/> Lethargic</td><td><input type="checkbox"/> Brady</td><td><input type="checkbox"/> Diminished</td><td><input type="checkbox"/> Guarding</td><td><input type="checkbox"/> Dry</td></tr><tr><td></td><td><input type="checkbox"/> Abn. Pulses</td><td><input type="checkbox"/> Labored</td><td></td><td><input type="checkbox"/> Moist</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Apneic</td><td></td><td><input type="checkbox"/> Pallor</td></tr></table> <div>Notes or other exam findings:</div> | General:                               | CV:                                | Pulmonary:                      | Abdomen: | Skin: | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal | <input type="checkbox"/> Distressed | <input type="checkbox"/> Irregular | <input type="checkbox"/> Wheezes | <input type="checkbox"/> Tender | <input type="checkbox"/> Warm | <input type="checkbox"/> Fatigued | <input type="checkbox"/> Tachy | <input type="checkbox"/> Rales/Rhonchi | <input type="checkbox"/> Distended | <input type="checkbox"/> Cool | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Brady | <input type="checkbox"/> Diminished | <input type="checkbox"/> Guarding | <input type="checkbox"/> Dry |  | <input type="checkbox"/> Abn. Pulses | <input type="checkbox"/> Labored |  | <input type="checkbox"/> Moist |  |  | <input type="checkbox"/> Apneic |  | <input type="checkbox"/> Pallor |
| General:                                                                                             | CV:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pulmonary:                             | Abdomen:                           | Skin:                           |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| <input type="checkbox"/> Normal                                                                      | <input type="checkbox"/> Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Normal        | <input type="checkbox"/> Normal    | <input type="checkbox"/> Normal |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| <input type="checkbox"/> Distressed                                                                  | <input type="checkbox"/> Irregular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Wheezes       | <input type="checkbox"/> Tender    | <input type="checkbox"/> Warm   |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| <input type="checkbox"/> Fatigued                                                                    | <input type="checkbox"/> Tachy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Rales/Rhonchi | <input type="checkbox"/> Distended | <input type="checkbox"/> Cool   |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| <input type="checkbox"/> Lethargic                                                                   | <input type="checkbox"/> Brady                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Diminished    | <input type="checkbox"/> Guarding  | <input type="checkbox"/> Dry    |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
|                                                                                                      | <input type="checkbox"/> Abn. Pulses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Labored       |                                    | <input type="checkbox"/> Moist  |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
|                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Apneic        |                                    | <input type="checkbox"/> Pallor |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| Assessment/Diagnoses:                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| Plan (Medications, Procedures, Referrals, or Other Care):                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |
| Follow Up Plan (include mailing address if available):                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                    |                                 |          |       |                                 |                                 |                                 |                                 |                                 |                                     |                                    |                                  |                                 |                               |                                   |                                |                                        |                                    |                               |                                    |                                |                                     |                                   |                              |  |                                      |                                  |  |                                |  |  |                                 |  |                                 |

## Street Medicine Mental Health Encounter Form

|           |                 |       |       |
|-----------|-----------------|-------|-------|
| Location: | Clinician Name: | Date: | Time: |
|-----------|-----------------|-------|-------|

|                                                   |      |                           |       |
|---------------------------------------------------|------|---------------------------|-------|
| Patient Name (and/or Street Name, if applicable): |      |                           |       |
| Date of Birth:                                    | Sex: | Pronouns/Gender Identity: | Race: |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------|
| <b>History:</b><br><br>Current/recent SI: <input type="checkbox"/> Y/ <input type="checkbox"/> N    Weapon: <input type="checkbox"/> Y/ <input type="checkbox"/> N    Plan: <input type="checkbox"/> Y/ <input type="checkbox"/> N<br>Current/recent HI: <input type="checkbox"/> Y/ <input type="checkbox"/> N    Weapon: <input type="checkbox"/> Y/ <input type="checkbox"/> N    Plan: <input type="checkbox"/> Y/ <input type="checkbox"/> N |                                                                                          |                              |
| <b>Trauma History</b> (e.g. physical trauma, domestic violence):                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                              |
| <b>Medical History:</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Psych History:</b><br># Suicide attempts:<br># Hospitalizations:<br>Past medications: | <b>Family Psych History:</b> |
| <b>Social History:</b><br>Tobacco:<br>Alcohol:<br>Street drugs:                                                                                                                                                                                                                                                                                                                                                                                   | <b>Allergies:</b>                                                                        | <b>Current Medications:</b>  |

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mental Status Exam:</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                               |
| Grooming:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                                                                                     | Eye contact:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                                                                                    | Attitude:<br><input type="checkbox"/> Cooperative<br><input type="checkbox"/> Irritable<br><input type="checkbox"/> Guarded | Alertness:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Drowsy                              | Orientation:<br><input type="checkbox"/> Person<br><input type="checkbox"/> Place<br><input type="checkbox"/> Time<br><input type="checkbox"/> Situation | Speech:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Rapid<br><input type="checkbox"/> Slow<br><input type="checkbox"/> Pressured                                                                                                                       | Posture/motor:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Restless<br><input type="checkbox"/> Slow<br><input type="checkbox"/> Abnormal movements | Perceptions:<br><input type="checkbox"/> No AVH/delusions<br><input type="checkbox"/> AH<br><input type="checkbox"/> VH<br><input type="checkbox"/> Delusions |
| Mood:<br><input type="checkbox"/> Euthymic<br><input type="checkbox"/> Depressed<br><input type="checkbox"/> Blunted<br><input type="checkbox"/> Irritable<br><input type="checkbox"/> Anxious<br><input type="checkbox"/> Other | Affect:<br><input type="checkbox"/> Euthymic<br><input type="checkbox"/> Depressed<br><input type="checkbox"/> Blunted<br><input type="checkbox"/> Irritable<br><input type="checkbox"/> Anxious<br><input type="checkbox"/> Other | Memory:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                  | Attention:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor | Fund of knowledge:<br><input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal                                                               | Thought process:<br><input type="checkbox"/> Linear<br><input type="checkbox"/> Circumstantial<br><input type="checkbox"/> Tangential<br><input type="checkbox"/> Disorganized<br><input type="checkbox"/> Flight of ideas<br><input type="checkbox"/> Loose associations | Insight:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                            | Judgment:<br><input type="checkbox"/> Good<br><input type="checkbox"/> Fair<br><input type="checkbox"/> Poor                                                  |
| Notes or other exam findings:                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                               |
| <b>Plan</b> (Medications, Procedures, Referrals, or Other Care):                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                               |
| <b>Follow Up Plan</b> (include mailing address if available):                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                             |                                                                                                               |                                                                                                                                                          |                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                               |