



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Healthcare Student(s): \_\_\_\_\_

Attending/Preceptor(s): \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Encounter Note:



Attending Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer: Street Medicine Coalition (SMC) is a student-led organization part of Creighton University School of Medicine, School of Nursing, and School of Pharmacy and Health Sciences. The patient regarded in this note was seen at a free health clinic that is ran by healthcare profession students and overseen my attendings and preceptors consisting of Medical Doctors, Registered Nurses, Nurse Practitioners, and Physical and Occupational Therapist (some preceptors in particular field may not be present at the date of this particular clinic). If you have any questions or concerns about SMC or the encounter in question please email [streetmedicinecoalitionphx@gmail.com](mailto:streetmedicinecoalitionphx@gmail.com), and a member of the Executive team will reply within 2-4 business days.