

HOMES Pharmacy Student Worksheet

Name: _____ DOB: _____

Ethnicity: _____ Insurance: _____

Chief Complaint:

History of Present Illness

Allergies (What happened)

Physical Exam

BP

Pulse

Resp

Temp

Ht:

Wt.

General

HEENT

Neck

Cor (CV)

Resp

Abdomen

[Back](#)

GU

Extremities

Skin

Neuro

Mental

Labs

Medical Conditions (How long)

Social Hx

Where staying

Employment

Marital status

Resources

Tobacco

EtOH

Illicit Drugs

Family Hx

Medications

Med & Strength

Dosing

Quantity

Prescriber

Notes:

Recommendation

This sheet is an educational tool for pharmacy students participating in the HOMES Clinic. It is not intended to be part of the patient chart and should be shredded at the end of the clinic. Do not remove.