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|  | Original Date: |  |
| Initials of ED employee |  |
|  Transitions of Care: Initial Data Collection Form |
| Name (Last, First, M.I.): |  | 🞎 M  🞎 F | DOB:**Age:** | **Race:** **White** 🞎 **Black** 🞎**Hispanic** 🞎 **Somolian** 🞎**Asian** 🞎 **Other:\_\_\_\_\_\_\_\_\_\_\_**  |
| **Patient’s Telephone:** |  | **Allergies:** |  |
| Patient’s Address |   | Primary physician: If none then where d o you go? |  |
| Education Level | Elementary-8th 🞎High school no degree 🞎High school 🞎College degree 🞎 Post Graduate 🞎 |  Insurance Coverage Y 🞎 N 🞎If Yes what :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Service Selection:**  🞎 Pharmacy only 🞎 Pharmacy plus home heath |
|  |
| Are you employed? | Yes 🞎 No 🞎 |
| How many pharmacies do you use? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacy Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you visited an ED in the last month? | Yes 🞎 No 🞎 |
| Have you visited an ED in the last year? | Yes 🞎 No 🞎 |
| How many times per week do you leave your house? |  |
| **What form of transportation do you use?**  |  Bus 🞎 Car 🞎 Walk 🞎 Taxi 🞎 Other |
| Primary Diagnosis (Reason for visiting ED) |   |
| Medications initiated at ED Visit |  |
| logo |
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| --- |
| Current Medication List |
| Medication | Strength | Prescribed instructions | Patient regimen | Comments |
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