THE HOPE CLINIC MANUAL

HOPE (Health of People Everywhere) Clinic
-A Student-Run Free Clinic-

HOPE CLINIC

UNIVERSITY OF MINNESOTA

MEDICAL SCHOOL, DULUTH
COLLEGE OF PHARMACY, DULUTH

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1. INTRODUCTION

Welcome to the HOPE Clinic and thank you for volunteering as part of your medical and pharmacy education experience. The HOPE Clinic is a student-run, faculty-supervised teaching clinic located in the Churches United in Ministry (CHUM) Drop-In Center, which in the fall of 2025 moved into the Damiano Center while CHUM is under major construction. Our mission is to provide access to medical care and act as a referral clinic for the underserved and uninsured populations in the Duluth area. In this way, patients without health care have the opportunity to make the HOPE Clinic a first step towards integration into the local health care system.

This manual is designed to give you the opportunity to see how the clinic operates before you volunteer and act as a reference during clinic operations. Please review the manual before volunteering and become familiar with the many forms needed to serve our patients. Students who volunteer at the clinic will be providing healthcare to people who need it. Students will have the opportunity to develop interprofessional relationships across the disciplines of medicine and pharmacy, practice interviewing and physical exam skills, and help patients with medication reviews and medication education under the direction of physician and pharmacist mentors.

In order to focus on our mission and define our role, we have chosen the following ten goals to guide volunteers in meeting the mission of the HOPE clinic:

1. ***Screen for, identify, and educate patients with chronic health issues***
2. ***Diagnose conditions commonly seen in the CHUM population such as diabetes, high blood pressure, high cholesterol, urinary tract infections and upper respiratory infections***
3. ***Effectively triage patients in immediate need of care to local care providers***
4. ***Refer patients to health care providers for proper follow up***
5. ***Provide foot care and wound care services***
6. ***Review medications with patients taking chronic medicines***
7. ***Educate patients on proper dosing and management of medicines***

8. ***Refer patients to Lake Superior Community Health Center to get health insurance through the Health Care Access Office***
9. ***Treat patients with compassionate care***
10. ***Provide an opportunity to students for clinical experience and growth during the first two years of medical education and first three years of pharmacy education***

Please keep these goals in mind when you are volunteering at the HOPE Clinic so that our mission is maintained and we may provide a high quality and positive health care experience to the people we serve.

Thank you again for your interest and enthusiasm in volunteering your time to the HOPE Clinic to provide care to the people in the CHUM neighborhood. We hope that this manual will be a helpful guide to you as you deliver care in the Clinic, serving the people and sustaining the mission and goals upon which the HOPE Clinic was founded.

HOPE Clinic Executive Board, 2022-23

2. CLINIC BASICS

Who: Front Desk, Patient Advocate, Student Clinician, Student Pharmacist, Physician Preceptor, Pharmacist Preceptor

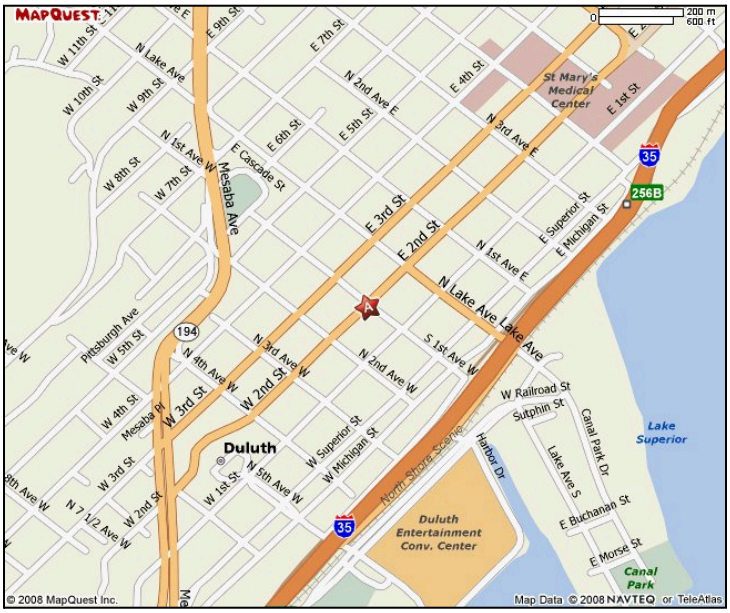
When: Mondays from 15:00 – 17:00 (3:00-5:00 PM)

You should plan to be there from 14:30 – 17:30 (2:30-5:30 PM)

Where: Damiano Center

206 W 4th St

Duluth, MN 55806



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Parking: Parking is available on the Damiano Center Parking lot and on the streets.

About CHUM: CHUM is a nonprofit agency in Duluth, MN that offers emergency food, shelter advocacy support and outreach throughout Duluth. You can read more about the Drop-In Center at their website: http://www.chumduluth.org

People at CHUM: If there is ever a concern with any of the individuals CHUM, you can contact any of the on-site CHUM staff. Pictures can be seen at this weblink: https://www.chumduluth.org/staff.htm

What to Wear?:	Dress in scrubs (preferred) or business professional attire - NO WHITE COATS. No jeans. Close-toed shoes.
What to Bring?:	Stethoscope and UMN name tag (note: there are often extra stethoscopes available if needed) **HOPE Clinic** ***is not responsible for any lost or stolen items.***
Forms:	All of the HOPE Clinic and Referral Center forms will be available at the clinic. As you go through the manual, the form titles are bolded where they are discussed and can be viewed in the Appendix in the back.

3. CLINIC FLOW

For the HOPE Clinic to be efficient, it has become evident that a plan must be in place so that patient flow occurs in an orderly manner from intake to discharge. We have composed the flow diagram seen in **Figure 1** in order to act as the backbone of this experience. Patient flow starts at the left with patient intake and ends at the right with several options including: providing on site care, prescription distribution, instructions, and/or referral. The diagram presents the ideal flow we would like to achieve, but in the real world this may not always work. We want you to know that the clinic flow is not set in stone and that in the practice of medicine we need to be flexible. A description of each step is listed below and can be matched with the diagram according to the Operation/Event that occurs. **Figure 2** shows a more detailed description of the Clinic Flow. **Figure 3** shows a detailed description of the flow through the Exam Room and the Intake/Triage Room.

Patient Intake: Patient Advocate and Patient:

1. Patient approaches the Front Desk, wanting to be seen at HOPE Clinic.
2. Patient Advocate talks with Patient and gathers introductory information recorded on **Patient Intake Form.**
3. Patient Advocate talks to Clinic Coordinator to confirm patient concern/request can be fulfilled at HOPE clinic
4. Patient Advocate explains to Patient how HOPE Clinic works.
5. Patient Advocate explains Notice of Privacy Practices/HIPAA and has patient sign the following forms:
    a. **Notice of Privacy Practices**
    b. **Consent for Release of Health Information**
6. Patient Advocate takes Patient's Vitals (if not already done by Front Desk staff) and records on the **Vitals Form**: Blood pressure, Pulse, Respiratory Rate, Temperature, Weight, and Height.

7. Patient Advocate leaves Patient with Front Desk and gives Student Clinician and Student Pharmacist a brief presentation on the Patient's Chief Complaint/Past Medical Information. Student Clinician and Student Pharmacist remain in the Exam Room.
8. Patient Advocate and Clinic Coordinator meet Patient in CHUM common area and walk Patient to the Exam Room to begin the Patient Evaluation.

Patient Evaluation: Student Clinician, Student Pharmacist, Patient Advocate and Patient

1. History of Present Illness recorded by Student Clinician
2. Physical Exam and Work-Up of Chief Complaint by Student Clinician
    a. Notes taken on **Record of Visit** Form
3. Review of Current Medications and Social History done by Student Pharmacist
    a. Notes taken on **Current Medication** Form
    b. Patient signs **Essentia Health HIPAA** Form

Exam Review: Patient Advocate stays with patient in Exam Room; Review in Team Work Area

1. Presentation of patient case by Student Clinician and Student Pharmacist Team to the Precepting Physician and Pharmacist. Case presentation may occur in the faculty waiting area or in front of the patient, depending upon team preference and patient circumstances
2. Discussion of patient case and decision of how to proceed

Precepting Physician Exam: Patient, Patient Advocate, Student Clinician, Student Pharmacist, Precepting Physician, Supervising Pharmacist - Exam Room

1. History of Present Illness
2. Physical Exam
3. Physician/Pharmacy Faculty sign off on Medical Student and Pharmacy Student Notes

Plan of Care: Patient, Patient Advocate, Student Clinician, Student Pharmacist, Precepting Physician, Supervising Pharmacist - Exam Room

1. Discussion of findings with patient
2. Discussion and counseling on plan of care with patient

If Prescription Needed: Student Clinician, Student Pharmacist, Precepting Physician, Supervising Pharmacist – Team Work Area

1. Discussion of appropriate drug treatment or therapy
2. Prescription filled out on the **Prescription and OTC** Form
3. Precepting Physician calls the prescription to the Pharmacist at Essentia 3rd Street Pharmacy

Prescription Pickup: Clinic Coordinator

1. Pharmacy Student Clinic Coordinator drives to Essentia 3rd Street Pharmacy to pick up prescription
    a. Bring **patient name and birthdate** to receive prescription
    b. Parking is free for first 20 minutes in green parking ramp
    c. Cost of the prescription will be charged to HOPE Clinic; no need to worry about payments for the prescription

Patient Prescription Education: Patient, Patient Advocate, Student Clinician, Student Pharmacist, Physician, Pharmacist - Exam Room or private corner of CHUM Drop-In Center

1. Medication dosing, strength, directions, indication, side effects and concerns discussed with patient
2. Prescription given to patient
    -Prescription can be dropped off at the CHUM Front Desk if patient wants to pick it up later
3. Record of counseling recorded in notes by Student Pharmacist

If Referral Needed: Patient, Patient Advocate, Student Clinician and/or Student Pharmacist – Exam Room/Team Work Area

1. Patient is given choice of referral to DFPC or LSCHC for clinic care
2. Patient is screened for HCA office benefits and referral

3. Appointment is made with clinic of choice
4. Appropriate referral intake forms are filled out by HOPE Clinic staff with patient and faxed to referral center
    a. Student Clinician fills out **Referral Information Form** for our documentation.
5. Patient is given the **Patient Instructions Form** with appointment day, date, time, and physician; directions on how to get to the referral center, and a bus pass if needed.
6. **After the patient has signed the release of information form** (completed with Patient Advocate), the Clinic Coordinator will fax the **Patient Record of Visit / Patient Revisit** form to the appropriate referral center (if required by the referral institution).

Each of the roles in the flow diagram will be discussed in the next section of the manual. Please make sure you know what your role is during your volunteer experience and don't be afraid to go above and beyond the described duties.

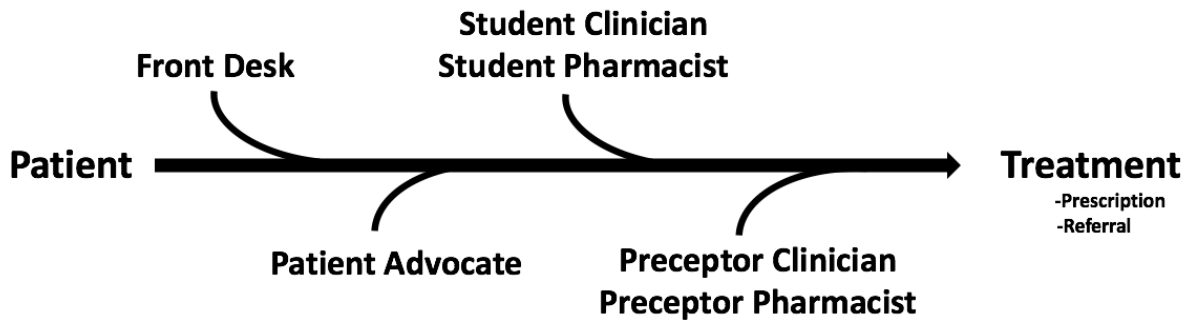


Figure 1. HOPE Clinic Staff flow diagram.

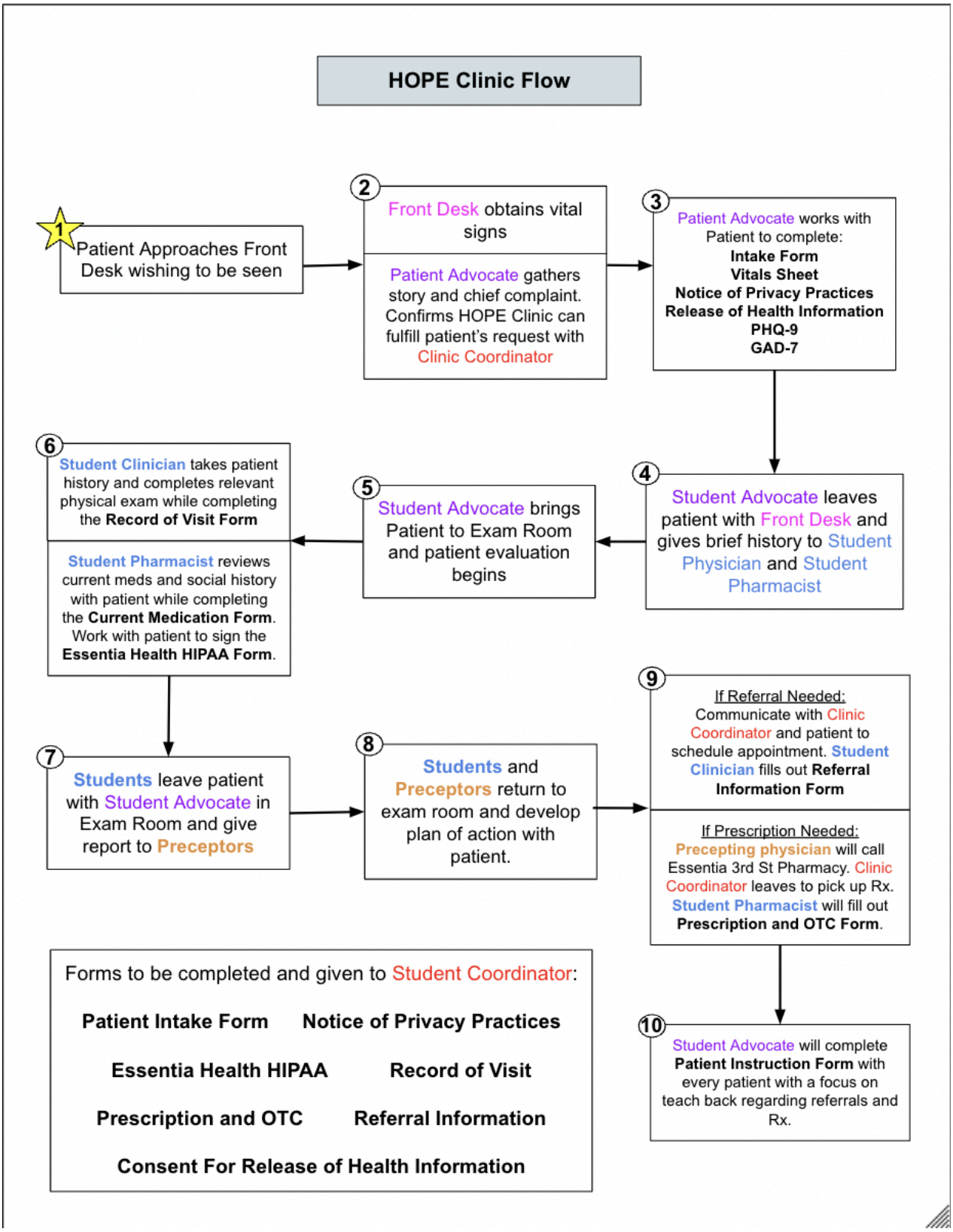


Figure 2. HOPE Clinic detailed flow diagram with Roles.

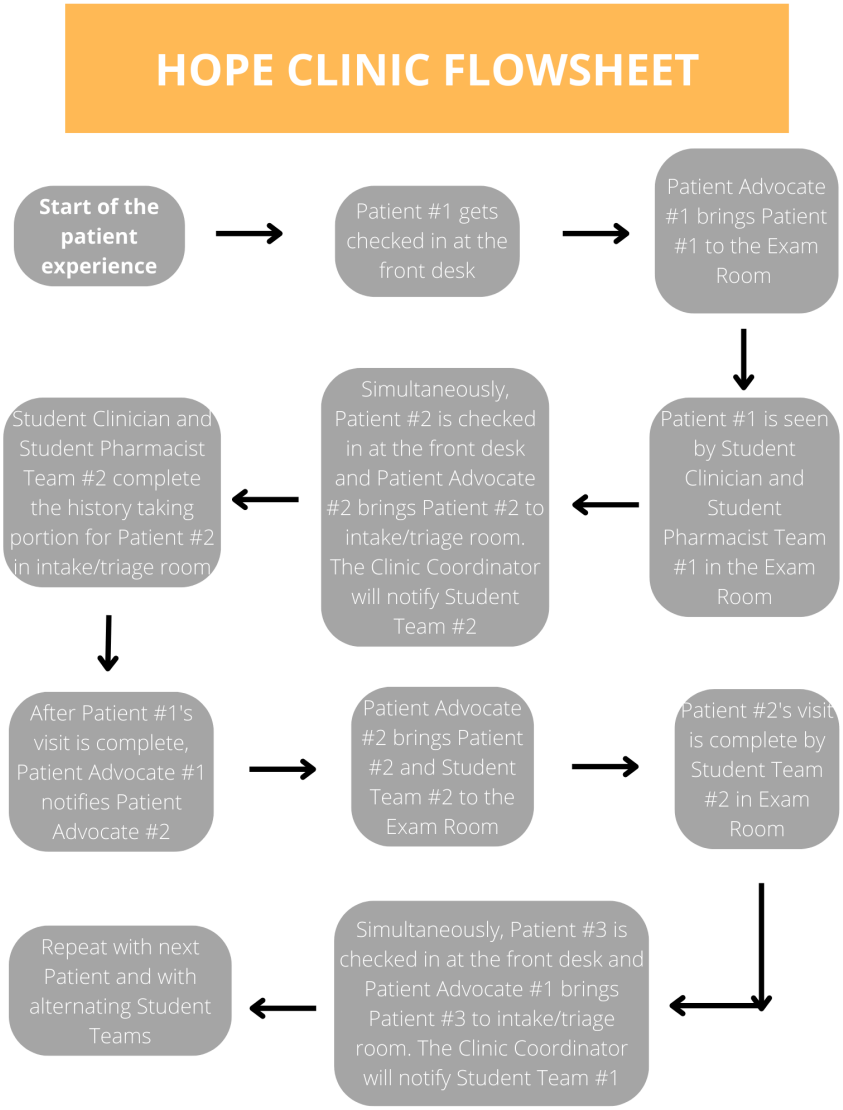


Figure 3. HOPE Clinic Flow explaining Exam Room and Intake/Triage Room use.

4. CLINIC ROLES

Each of the roles listed above have specific tasks that need to be done in order to make sure our patients receive good healthcare and the HOPE Clinic mission and goals are maintained. At different times during your volunteer experience you may be taking on more than one role, so please review each role's objective and don't be afraid to refer back to the manual anytime.

Front Desk:

This may very well be one of the most important roles since you will greet patients and converse with people in the CHUM drop in center. In the past, we have found that an approachable and friendly person is very good at recruiting patients and acting as a face for the clinic. Prior to opening the clinic, these staff members will set up the sandwich board signs. One sign is placed on the sidewalk outside the CHUM center, while the other will be placed in the walk-in center. The Front Desk Assistants will set up a table and chairs next to the indoor sign where they will remain during the clinic's operating hours. Front Desk Assistant Staff should check with the Clinic Coordinator to see if any educational information is available to discuss with patients. These staff will also distribute any items the clinic is making available to the CHUM population such as toiletries or snacks. The Clinic Coordinator will make changes apparent to staff regarding the availability of complementary health resources and educational materials.

This person's patient responsibilities include greeting the patient and explaining to the patient how the clinic operates and what to expect. When the intake person is not admitting patients they should mingle with the folks in the drop in center, take blood pressures, converse with people, and be prepared to field questions about the HOPE Clinic and our services. The Front Desk Assistants will also serve as a relay between the walk-in center area and the Clinic Coordinator, who will often be working in the office or clinic rooms. The Front Desk Staff should relay information to the Clinic Coordinator including the number of patients waiting to be seen, changes in patient status, and the amount of supplies given out to CHUM guests (i.e. toothbrushes, chapstick, granola bars, etc.).

Patient Advocate:

The Patient Advocate's role is to stay with the patient during all stages of the visit. They will answer any questions during the visit and explain any idiosyncrasies that may come up during the visit so that the patient understands all aspects of their care. Since the Patient Advocate is involved in every step of patient care, they will escort the patient through each stage of clinic flow. For instance, they are critical in getting the patient from the Common Room to the Triage Room, and eventually to the Exam Room once the previous patient has been worked up and discharged. They assist in filling out referral forms and faxing them to the referral center, if needed. They also help with preparing and faxing prescription forms. The Patient Advocate will fill out the following forms: **Notice of Privacy Practices - Acknowledgement Receipt**, **Consent for Release of Health Information and Treatment**, **Patient Intake Form**, and the **Vitals** Form.

Student Clinician:

The Student Clinician's (staffed by a medical student) duties include: developing the history of present illness, performing the physical exam, presenting the case to the Precepting Physician, contributing to dialog on prescription options, discussing plan of care, and completing the **Record of Patient Visit** form including history and SOAP note. Further, they work with the Clinic Coordinator to set up the referral which includes calling for the appointment, filling out the referral forms, and faxing them to the appropriate facility. They will also be required to prepare and fax the prescription forms. The Student Clinician also fills out the **Patient Instructions Form** and the **Referral Information Form**.

Student Pharmacist:

The Student Pharmacist's (staffed by a pharmacy student) duties include intake of past and present medication use, along with determining the patient's medication experience and willingness to incorporate medications into their daily lives. The Student Pharmacist also contributes to dialogue on diagnosis and prescription options, discussing plan of care and obtaining and preparing the medication with help from the Supervising Pharmacist. They counsel patients on medication therapy, safety and efficacy. Lastly, they help set up the referral process and fax appropriate prescription forms. The Student Pharmacist is responsible for

recording patient information on the **Prescription and OTC** Form and **Current Medication Form**. They will also have the patient sign the **Essentia Health HIPAA** Form.

Precepting Physician:

The Precepting Physician will see and examine every patient seen at the HOPE Clinic after the Student Team (Student Clinician and Student Pharmacist) has presented their findings. If the Student Team has any questions or concerns during the evaluation of the patient, the Precepting Physician will be available to address their concerns. The Precepting Physician will also call in any prescriptions required in the care of the patient to the Pharmacist at the Essentia 3rd Street Pharmacy. The Precepting Physician will directly supervise the Student Team. If during the intake of the patient, concerns are raised regarding the patient or if emergency action is necessary, the Precepting Physician will immediately manage the patient. If any emergency occurs, the Precepting Physician will see the patient prior to the students and complete care and referrals as needed. At the end of each clinic session, the Precepting Physician and the Student Team will review the patients and make sure all documentation is complete.

Supervising Pharmacist:

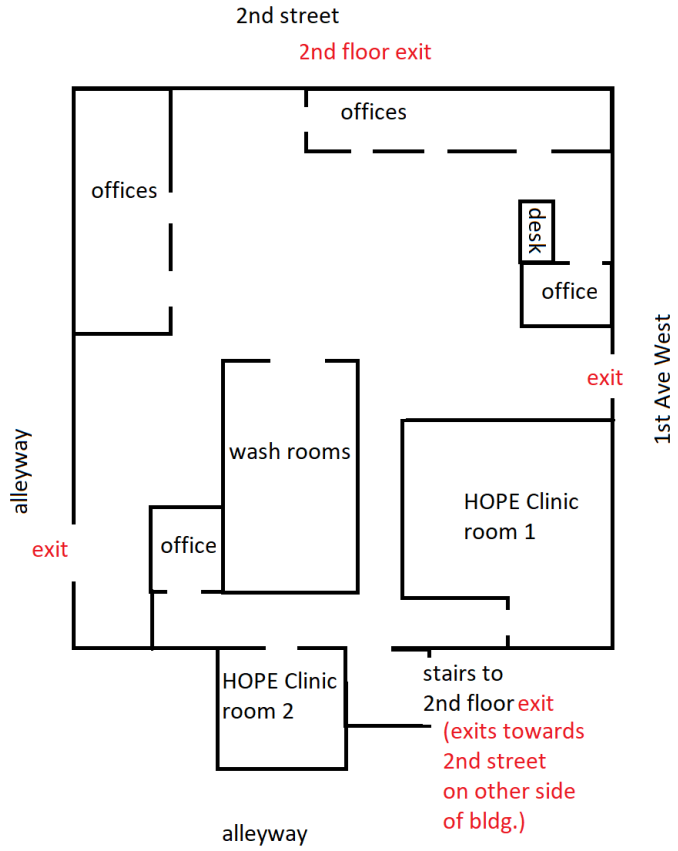
The Supervising Pharmacist can be either a University of Minnesota College of Pharmacy faculty member, or a volunteer pharmacist from the community. The Supervising Pharmacist will receive reports from the Student Team along with the Precepting Physician. Treatment alternatives, including drug therapy where indicated, will be discussed at this time. The Supervising Pharmacist will be available during the medication counseling session, conferring with the Student Pharmacist regarding the medication information to be discussed with the patient prior to the Student Team actually counseling the patient.

5. REFERRAL

One of the primary goals and central to the mission of the HOPE Clinic is to act as liaison for patients to local health care providers, facilities and services. We have agreements with the Duluth Family Medicine Residency and Lake Superior Community Health Center to refer patients to their practices for long term care. We also act as a referral center to the Health Care Access office so that patients can inquire about health care programs based on demographics such as low income. It is not our mission or goal to act as a long term care facility and we must emphasize this point with patients and encourage setting up a primary care relationship through a referral. This process is facilitated by filling out the correct referral forms to the respective centers. It is the ultimate choice of the patient, but it is our responsibility to suggest an appropriate provider to deliver optimal healthcare to the patient based on previous experiences or location. We can alleviate the travel issue by providing two bus passes so that the patient can get to the facility and back to CHUM.

6. EMERGENCY EVACUATION PLAN

In an emergency, the Clinic Coordinator is responsible for ensuring all clinic patients, students, and preceptors are instructed to make their way to the nearest exit (see map below) as quickly as possible and for checking that no people remain in any clinic rooms.



12. APPENDIX

1. ***HOPE Clinic Forms***
    a. Notice of Privacy Practices
    b. Notice of Privacy Practices - Acknowledgement Receipt
    c. Consent for Release of Health Information and Treatment
    d. Record of Visit
    e. Patient Intake
    f. Vitals
    g. Current Medication
    h. Prescription and OTC
    i. Patient Instructions
    j. Referral Information
    k. Incident Report
    l. Fax Cover Sheet
    m. Against Medical Advice Release Form
    n. BP Card

1. *HOPE Clinic Forms*

a. Notice of Privacy Practices

THE HOPE Clinic

University of Minnesota
Medical School Duluth
College of Pharmacy Duluth

Notice of Privacy Practices

This notice describes how medical and/or pharmaceutical information about you may be used and disclosed and how you can get access to this information. (Please review it carefully.)

Each time you visit a health care provider at The HOPE Clinic, a record of your visit is made. The record may include symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This notice applies to all of the records of your care generated by The HOPE Clinic. Your health information is important to us. All medical and/or mental health care professionals, who treat you at the HOPE Clinic, will abide by the following information privacy policies.

Policy: All patient health care information is deemed confidential. The policy of this facility is to maintain each patient's health care information as confidential and to only make available a patient's health care records and information upon a valid, authorized request.

Responsibilities: We understand that information about you and your health care is personal and are committed to protecting your health information.

You Have the RIGHT to:

- Access copies of health information
- Amend your record
- Request confidential information
- Request restricted use
- Obtain an account of discloses

Questions: HOPE Clinic Privacy Officer Shari Flesness or Kim Randolph at (218) 720-6521 .

Uses and Disclosures: (The following categories describe ways we use and disclose medical information) *In all cases we will release only the minimum necessary information.

Treatment: We May:

- Use medical information about you to provide treatment or services
- Disclose medical information about you to other health care providers who are involved in your care. (Different services may share medical information about you in order to coordinate the care you may need.)

Health Care Operations: We May:

- Use information in your health record to review the treatment and services and to evaluate the performance of our staff in caring for you.
- Use and disclose medical information to remind you of an appointment.
- Use and disclose medical information to assess your satisfaction with our services.
- Use and disclose medical information to inform you about possible alternatives.
- Use and disclose medical information for scientific research to improve patient care. You may object at any time to release your protected health information for scientific research.

For Individuals Involved: In certain circumstances, we may have to release medical information about you to a family member or friend who or is involved in your medical care. We only do this with your authorization and this authorization may be revoked by you at any time.

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law, or in response to a court order or search warrant.

As Required by Law: We may also use and disclose health information for the following types of entities, included but not limited to: FDA, Public Health/Legal Authorities, Correctional Institutions, Workers' Compensation Agents, Organ/Tissue Donation Organizations, Health Oversight Agencies, Medical Examiners/ Funeral Directors, National Security/Intelligence Agencies, Protective Services for the President and Others.

b. Notice of Privacy Practices - Acknowledgement Receipt

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Notice of Privacy Practices

Acknowledgment of Receipt

The HOPE Clinic's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. I understand that this notice is subject to change at any time and that I may obtain a current copy at the HOPE Clinic.

I acknowledge that I have received the Notice of Privacy Practices.

_____ _____
Patient signature/Legal Representative Relationship to Patient

_____ _____
Print Name Date

(For Personnel Use Only)
Written Acknowledgement NOT Obtained

Please document you effort to obtain acknowledgement and reason if was not:

_____ Notice of Privacy Given- Patient Unable to Sign

_____ Notice of Privacy Given- Patient Refused to Sign

_____ Other (Please Describe) _____

_____ _____
Signature Position Held

_____ _____
Print Name Date

c. Consent for Release of Health Information and Treatment

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Release Consent and Treatment Consent Form

Consent for Release and/or Receipt of Confidential Information

This is a legal document to authorize the release of confidential personal health information. It constitutes my consent for The HOPE Clinic to release to the Client or the Provider named below the information indicated regarding the individual named below. This information is to be used in assisting with continuing evaluation and/or care for the named Client. I authorize The HOPE Clinic to release information from my medical records for scientific research to improve patient care. I may object at any time to release my protected health information for scientific research.

Consent for Treatment

I authorized students, working under the supervision of licensed program faculty, to examine, evaluate and provide treatment as is professionally appropriate. I understand that all services provided at this educational clinic are provided free of charge.

- **Please print all information clearly with black or blue ink except where a signature is requested.**

This consent shall authorize the release of the following information for one year following the date of signature and consent for treatment.

This Consent for Release authorized release to:

_____**The Provider Selected at the address given below**

Name of Patient_____ Birthdate (mm/dd/yy)_____

Street Address of Patient_____

_____

City State Zip Code

Parent/ Legal Guardian (if under 18)_____

If Guardian, indicate relationship to the Patient_____

Providers Used:

Duluth Family Medicine Clinic 330 N 8th Ave. E Duluth, MN 55805 218-723-1112	**Lake Superior Community Health Center** 4325 Grand Ave. Duluth, MN 55807 218-722-1497	**Essentia-St. Mary's ER** 407 E 3rd St. Duluth. MN 55805 218-786-4000
St. Luke's ER 1012 E 2nd St. (Bldg. A, 2nd floor) Duluth, MN 55805 218-249-5616	**CAIR Clinic** 211 W 4th St. Duluth, MN 55806 218-726-1370	**Twin Ports VA** 3520 Tower Ave Superior, WI 715-398-2400

Other Location Name: _____
Street: _____
City:_____ State:_____ Zip:_____
Phone Number:_____

X_____
Signature of Patient or Parent/Legal Guardian **Date**

d. Record of Visit (3 pages)

HOPE CLINIC

MRN (clinic use only):
_____

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Record of Visit

Referral Follow-Up:
Referral Center:_____
Date of Appointment:_____
Time of Appointment:_____
Kept Appointment (Yes or No): _____
Initials:_____ Date:_____

Date of Intake:_____ **Time of Intake:**_____

Patient Identification:
Last Name:_____ First Name: _____
DOB:_____ Age: _____
Gender: _____ Race: _____

AUTHORIZATION FOR TREATMENT

I authorize students, working under the supervision of licensed program faculty, to examine, evaluate and treat me as is professionally appropriate. I understand that all services provided at this educational clinic are provided free of charge. I also understand that all personal health information provided will be held in confidence by all clinic staff, but will be available to students and faculty associated with the clinic for use in their learning activities.

X_____ _____
Signature of Patient (or Guardian) Relationship of Guardian

REASON FOR TODAY'S VISIT: _____

INTAKE HISTORY

Past Medical History	Allergies	Current Medications
	Social History	
Additional comments re: Medical History		
FAMILY HISTORY		
Father **Mother** **Child(ren)** **Brother(s)** **Sister(s)**		

EXAMINATION AND TREATMENT RECORD

VITALS		
Weight	**Height**	**LMP**
Temperature	**Blood Pressure**	**BMI (specify)**
Pulse	**Respirations**	**Other (specify)**

Last Revised: 02/2022

HOPE CLINIC

MRN (clinic use only):

_____

University of Minnesota

Medical School and College of Pharmacy

Duluth Campus

Record of Visit

EXAMINATION AND TREATMENT RECORD CONTINUED

LAB RESULTS (ex. Blood sugar)	LAB RESULTS (ex. Strep test)
IMMUNIZATION HISTORY	**IMMUNIZATIONS GIVEN: Lot # and Date**

SOAP
Subjective Findings
Objective Findings
Diagnostic Impression
Plan of Care (Dictate Follow Up Instructions to Patient Advocate)

X_____

Signature of Student Healthcare Provider

_____

Date

X_____

Signature of the Licensed Preceptor

_____

Date

Last Revised: 02/2022

HOPE CLINIC

MRN (clinic use only):

_____

University of Minnesota

Medical School and College of Pharmacy

Duluth Campus

Record of Visit

Notes: (to be shredded after visit)

Subjective Findings:

Objective Findings:

Diagnostic Findings:

Plan of Care:

Last Revised: 02/2022

e. Patient Intake

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Patient Intake Form

Patients Name: _____

Today's Date: _____

Date of birth: _____

Residence:_____

Contact Number:_____*Chum:218-720-6521*

Tests Available:

(Please check which ones you would like.)

- o Mono
- o Strep Throat
- o Pregnancy
- o Glucose (sugars)
- o Urine Analysis

Do you have insurance? Yes No

Type of insurance if any: _____

Policy #_____

Are you a veteran? Yes No

Are you affiliated with an American Indian/Alaska Native tribe? Yes No

Have you been seen at the HOPE clinic before? Yes No

Is transportation an issue for you? Yes No

Chief Complaint:_____

Last revised: 02/2022

----------Stop

Appointment Date: _____

Time:_____

Provider: _____

<u>To be filled out by the coordinator upon referral:</u>

Social Security: _____

Referred to: (please circle)

Duluth Family Medicine Clinic 330 N 8th Ave. E Duluth, MN 55805 218-723-1112	**Lake Superior Community Health Center** 4325 Grand Ave. Duluth, MN 55807 218-722-1497	**Essentia-St. Mary's ER** 407 E 3rd St. Duluth. MN 55805 218-786-4000
St. Luke's ER 1012 E 2nd St. (Bldg. A, 2nd floor) Duluth, MN 55805 218-249-5616	**CAIR Clinic** 211 W 4th St. Duluth, MN 55806 218-726-1370	**Twin Ports VA** 3520 Tower Ave Superior, WI 715-398-2400

f. Vitals

TO BE SHREDDED

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Vitals Form

1. Please **explain the flow** of the clinic appointment to the patient. **NO NARCOTICS.** Student Clinician and Pharmacist will interview to present case to Physician & Pharmacist. Medication or referral will be made following a visit with the licensed Physician & Pharmacist. **Expect 45 - 60 minutes.**
2. **Get Patient Signatures** (***2 required*** for all visits, 1 additional upon referral):
   - Authorization for Treatment - *(Clinician Clipboard) Clinician should obtain this right away in the patient interview.*
   - HIPPA Given - *(Advocate Clipboard)*
   - Consent to send medical records upon referral *(required upon referral, Advocate Clipboard)*
3. **Vitals:** Coordinate taking these with the Student Clinician. *(please complete all of the white boxes and the gray boxes only as necessary)*:

VITALS		
Weight (1kg/2.2 lb)	**Height (0.0245 m / 1 in)**	**BMI**
Temperature	**Blood Pressure**	**Last Menstrual Period**
Pulse	**Respirations**	**Other (Specify)**
NORMAL ADULT VITALS		
		BMI Normal (18.5 - 25) Overweight (25.0 - 29.9) Obese >30
Temperature Normal 98.6 ℉ (97.8 - 99.1 ℉) 37℃ (36.6 - 37.3℃)	**Blood Pressure** Normal 120/80 mmHg Hypertension >130/90	**Normal Blood Glucose** Pre-meal: 5.0-7.2 mmol/L 90-130 mg/dL Post-meal: 10 mmol/L 180 mg/dL
Pulse 60 - 80 beat per min	**Respirations** 12- 80 breaths per min	

4. Other **notes during exam**:

BMI Calculation
- BMI = kg / m^2
- BMI = 703 · lb / in^2

5. Possible talking points while **waiting with patient** during case presentation:

Where do you get your health information? What services do you wish HOPE offered? Did you feel welcomed today? Did you feel respected? Did you learn something about your health today? What are your barriers to care?

6. Ensure all necessary **signatures have been obtained** from Step 2.
7. **Share information** from Step 5 with the Coordinator!
8. Ensure patient understands **medication or referral instructions**.
9. **Fill out the patient instruction form.**

g. Current Medication (2 pages)

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Last: _____
First: _____
DOB: _____
Date: _____

Current Medication Form

Medication Allergies	Reaction

Prescriptions: (Rx, OTC, Herbal)

Indication	Medication	Dose and Directions (dose, route, frequency, duration, date started)	Response and Comments (Effectiveness/Safety)

Do you use prescription medications from friends and family? If so, which medications?

_____

_____

Last Revised: 02/2022

Last: _____
First: _____
DOB: _____
Date: _____

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Current Medication Form

Substance	Does the Patient Use? (Circle Yes or No)	History of Use (Amount, frequency, Duration)
Tobacco	Yes or No	
Alcohol	Yes or No	
Caffeine	Yes or No	
Other Recreational Drugs	Yes or No	

Assessment of Drug Therapy (List Drug Therapy Problems here):

Plan:

X_____
Student Pharmacist Signature

X_____
Pharmacist Signature

Last Revised: 02/2022

h. Prescription and OTC (2 pages)

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Duluth Campus

Prescription:

First Name: _____ Last Name: _____

Date: _____ DOB: _____

Allergies: _____

Medication and Strength: _____

Quantity: _____

Directions: _____

Refills: _____

Physician's Name (printed): _____

Physician's Signature: _____

Physician's Phone Number: _____

HOPE Email: hopeclinicboard@d.umn.edu
University of MN Medical School - Duluth Campus
Dept. of Family Medicine & Community Health
1035 University Drive
Duluth, MN 55812-3031

Last Revised: 02/2022

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Medical School and College of Pharmacy
Duluth Campus

OTC Medication Dispense Record:

First Name: _____ Last Name: _____

Date: _____ DOB: _____

Allergies: _____

Medication and Strength: _____

Quantity: _____

Directions: _____

Refills: _____

Physician's Name (printed): _____

Physician's Signature: _____

Physician's Phone Number: _____

Last Revised: 02/2022

i. Patient Instructions

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University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Last: _____
First: _____
DOB: _____

Patient Instructions

Date Seen: _____
Seen By (Provider's Names): _____
Diagnosis: _____
_____

Tests Done: (circle if done)	Result: (circle result or fill in)
Mono	(+) positive / (-) negative
Strep	(+) positive / (-) negative
Glucose (sugars)	(+) reactive / (-) unreactive
Urine Analysis	_____

Medication/Rx Instructions:

Drug/Prescription Name:	Morning:	Afternoon:	Night:
	Take:	Take:	Take:
	Take:	Take:	Take:
	Take:		

Patient Instructions: (assessment of case, diagnostic findings, meaning of diagnosis, treatment plan, follow up instructions)

_____
_____
_____
_____

Referred to (circle): (please call and reschedule if you can no longer make your appointment)

Duluth Family Medicine Clinic 330 N 8th Ave. E Duluth, MN 55805 218-723-1112	**Lake Superior Community Health Center** 4325 Grand Ave. Duluth, MN 55807 218-722-1497	**Essentia-St. Mary's ER** 407 E 3rd St. Duluth. MN 55805 218-786-4000	**Appointment Date:** _____ **Time:** _____ **Provider:** _____
St. Luke's ER 1012 E 2nd St. (Bldg. A, 2nd floor) Duluth, MN 55805 218-249-5616	**CAIR Clinic** 211 W 4th St. Duluth, MN 55806 218-726-1370	**Twin Ports VA** 3520 Tower Ave Superior, WI 715-398-2400	

Last Revised: 02/2022

j. Referral Information

HOPE CLINIC

University of Minnesota
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Duluth Campus

Referral Information Form

Demographics:
Last Name: _____ First Name:_____Middle Initial: _____

DOB: _____ Gender: _____

Veteran: Yes / No (please circle) Enrolled Tribal Member: Yes / No (please circle)

Address
Street: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Insurance Information
Patient has Insurance? Yes / No (please circle)

If Yes, Insurance Name: _____

Insurance Policy Number: _____

Referral Information
Chief Complaint: _____

HOPE Clinic Medical Record #:_____

Referral Center: _____

Date of Appointment: _____ Time of Appointment: _____

Coordinator Signature: _____ Date: _____

k. Incident Report (Clinic Coordinator will fill out)

HOPE CLINIC

University of Minnesota
Medical School and College of Pharmacy
Duluth Campus

Incident Report Form

Demographics:
Last Name: _____ First Name:_____Middle Initial: _____

DOB: _____ Gender: _____ Ethnicity: _____ MR#: _____

Address
Street: _____

City: _____ State: ____ Zip Code: _____ Tel: _____

Date and Time of Incident: _____

Description of Incident (continue on back of form if necessary):

_____
_____
_____
_____
_____
_____

Location of Incident: _____

IF this was a cardiac patient:
Was CPR performed: Yes / No **Was AED used during CPR**: Yes / No

Was Emergency Response Contacted? Yes/No **Which arrived?**_____

Time EMS was called: _____ Time EMS arrived at the scene: _____

Healthcare Facility Patient was taken to: _____

Insurance Information
Individual has Insurance? Circle Yes or No.
If Yes, Insurance Name: _____
Insurance Policy Number: _____

Coordinator Signature: _____ Date: _____

l. Fax Cover Sheet

Fax Cover Sheet

HOPE CLINIC

HEALTH OF PEOPLE EVERYWHERE

To:

Name:_____ _

Fax #:_____

From:

Name:_____ _____

Fax #:_____

Time Sent:_____

Date Sent:_____

Number of pages: _____

m. Against Medical Advice Release Form

The HOPE Clinic

University of Minnesota
Medical School Duluth
College of Pharmacy Duluth

Against Medical Advice Release

The Policy: An Against Medical Advice Release is used as the document of last resort in the event of a patient refuses medical treatment (or part of treatment). If the patient requires medical treatment then the healthcare provider must assure that the patient understands the need for treatment, the nature of the medical problem, and the possible complications of not receiving treatment. This must be documented on the AMA form, signed by the patient and by at least two witnesses, then placed in the patient's medical record.

Instructions:

- **Complete and sign the document.**
- **Please print all information clearly with black or blue ink except where a signature is requested.**

Name of Client_____Birthdate (mm/dd/yy)_____

Description: Nature of the medical problem_____

Summary of medical assessment findings: _____

_____

_____

Description of medical treatment required: _____

_____

Description of the possible complications of not receiving medical treatment: _____

_____

If patient is unable to sign, description of why the patient is unable to sign: _____

_____

An Acknowledgment that the above information was provided to the patient with signatures of two (2) clinic representatives, their titles and date of signing.

_____

Signature of Client or Parent/Legal Guardian Date

n. BP Card

HOPE CLINIC	Blood Pressure Health Check Log		
Date	Time	Blood Pressure (mm Hg)	Heart Rate (bpm)