

Name of Encounter:

Location (U/D or off Site):

Healthcare Setting of Encounter:

Healthcare Learner Objectives and Information:

Nursing Student Objectives:

Setting Information:

Patient Name: _____ **Age:** _____ **Birthdate:** _____ **Sex:** _ **Education/Occupation:**

Chief Complaint/ History of healthcare issues:

Background Health/Social Information provided to Healthcare Learners:

Simulated Patient Performer Background and Guidelines:

Health:

Medications:

Allergies:

Social History:

Emotional State:

Family:

Housing:

Friends:

Academics:

Interaction Guidelines:

Identified barriers to interaction (i.e. language, mental health, abuse, angry):

Anything you know that would affect your care that you do not want to reveal to a healthcare provider?