

**FAMILY MEDICINE CLERKSHIP  
STUDENT PROFILE**

I am scheduled for the Family Medicine Clerkship beginning on: \_\_\_\_\_

**Identification:**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City, State, Zip: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

(Please note: It is important for our office to be able to contact you. **Be certain to leave a reliable number for messages, and check your messages!**)

**Personal/Social**

DOB: \_\_\_\_\_ Sex: \_\_\_\_ Do you drive? \_\_\_\_\_ Do you have a car available: \_\_\_\_\_

Other Language(s) (Please specify and indicate proficiency): \_\_\_\_\_

Do you have any physical limitations, medical problems or personal/family issues of which your preceptor should be aware?

If yes, please specify: \_\_\_\_\_

**Medical Interests:**

What are your major career interests? (Please circle one)

A) Family Practice B) Pediatrics C) Internal Medicine D) Other

What aspects of medicine do you find **most** interesting or appealing? Why?

What aspects of medicine do you find **least** interesting or appealing? Why?

**Clinical Background:**

List the major clerkships you will have completed prior to the Family Medicine Clerkship:

What other types of clinical/ambulatory care experiences have you had?

**Learning Style:** Based on your experience and knowledge of teaching and learning styles in clinical medicine, please circle your answers:

1) What practice environment would be most comfortable for you?

A) Private Practice B) Residency Training site C) Clinic Setting D) No Preference

2) Patient load:

A) Heavy B) Moderate C) Light D) No Preference

3) How do you learn best?

A) Independently B) Some Direction C) Highly Structured D) No Preference

Additional information to help us place you: