This table is a record of your experience during the Ambulatory Family Medicine Clerkship. Check or circle a number, in the appropriate row, everytime you see a patient with one of these diagnosis and problems.

Completion of this form is a requirement of Ambulatory Family Medicine and it must be turned-in at the end of the four weeks.

Turn the completed form in to Deb Badura, Family Medicine, CUMC, Ste