**STUDENT SUMMARY SHEET - ANACORTES**

Please email the completed form to Dr. Robert Rieger rprieger@hinet.org and send a copy to Patty Codd pcodd@islandhospital.org at least two weeks prior to your rotation.

**Student Summary Sheet**

**Housing Needs:**

*Please contact us if housing needs have changed after submitting your initial housing survey i.e. accompanying spouse/children/etc.*

|  |  |
| --- | --- |
| **Name** | **Clerkship Site** |
|  |  |
| **Address:** | **Clerkship Dates** |
|  |  |
| **Phone** | **Pager** |
|  |  |

**First Year spent at (please circle one): Madigan Students only:**

UW WSU UWY UA UI MSU Soc Sec. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Information:**

|  |
| --- |
| College/Major/Degree |
| 1. |
| 2. |
| 3. |
| Major Clerkships Completed: |
|  |

**Ambulatory Experience** (includes clerkship or course name and number of weeks/hours spent in ambulatory care):

|  |
| --- |
|  |

**Personal Information**

*Your site would like to get to know you as a person. Please provide the following information. This information will not be reflected in the faculty’s evaluation of you.*

|  |  |
| --- | --- |
| **Birth Place** | **Other places you have lived** |
|  |  |
| **Places you have traveled** | **Hobbies/Interest/Recreation** |
|  |  |

**Short and Long Term Career Plans:**

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| --- |
|  |

**Future goals outside of medicine:**

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|  |

**Your expectations of this rotation:**

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| --- |
|  |

**Is there anything else you would like to add?**

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