

## Sample Encounter Form-IPPE

Medicare part B eligibility date-

Date of Exam-

Medical/Social History

a)Illness/Injuries

Illness/Injury	Dates	Hospitalizations & treatments

b)List of all medications including supplemts:

c)Social history and

Alcohol	
Tobacco	
Drugs	
Physical activity	
Diet	

d)Drug allergies-

e)Family history-