
New Clerk Introduction Form

Clerk's Name: _____ Preceptor's name: _____

Placement: _____ Date of Placement: _____

Emergency Contact Information: _____

Will you be living in the community during your placement? Yes No

Phone (cell): _____ Email: _____

Pre-rotation:

Rotations completed to date:

Other clinical experiences/background:

Clinical interests or special areas of interest:

Personal interests:

Career plans:

Family Medicine Rotation:

Specific knowledge, skills and attitudes wanting to develop:

Previous difficulties/areas of concern

Do you have any expectations particular to the rotation?

How do you learn best/what is your learning style?

What is your introduction preference with patients?

Is there any other information that might be helpful for your preceptor?

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Department of Academic Family Medicine
University of Saskatchewan
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(Adapted from: Preparing for New Learners, PBSG-ED, program for Faculty Development, McMaster University)