

**WELLNESS CENTER Health Services - Demographic and Consent Form**

Legal First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Preferred Name \_\_\_\_\_ Pronouns \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Number \_\_\_\_\_ Residential Hall/Room or Commuter \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current allergies and reaction(s) \_\_\_\_\_

All current medications \_\_\_\_\_

Started at SMCM:  Spring  Summer  Fall of 20\_\_\_\_ Status:  Full /  Part Time Student?

Preferred method of contact/leave a message:  Phone call/ Voicemail  Secured MediCat Message

Emergency Contact (First and Last Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

**Authorization to Treat**

I understand that the health care information provided by me and gathered at visits to the SMCM Wellness Center is confidential. I agree that all such healthcare information may be used and shared by the providers in the Wellness Center to ensure a continuity of care with issues that require medical and psychological co-management and I authorize them to share this information. I hereby waive any and all claims against SMCM and its employees arising from the use and sharing of such information. I understand that my health care information will not be shared outside the Wellness Center without my consent.

If I require emergency treatment at SMCM Wellness Center or neighboring hospitals AND I AM UNABLE TO PROVIDE CONSENT TO TREATMENT, I hereby give permission for emergency medical treatment, INCLUDING SURGERY, which the attending physician considers necessary.

IF A MINOR IS INVOLVED, ordinarily the attending physician will ATTEMPT TO CONTACT the parent or guardian before major surgery is performed. WHERE A MINOR IS INVOLVED, this permission RELATES to an emergency in which the parent or guardian cannot be contacted AND DELAYING THE TREATMENT OR SURGERY POSES a serious RISK to the student.

I have read and understand the Privacy Notice posted in the waiting room and confirm that the above information is correct to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE REQUIRED TO RECEIVE SERVICES AT SMCM WELLNESS CENTER