

Las Positas College Student Health & Wellness
(Affiliated with Stanford/ ValleyCare Health System)

NEW PATIENT INFORMATION FORM
Please use only use black or blue ink (NO PENCIL)

Name _____
Last M.I. First

Date of Birth _____ W# or SSN # _____
MM/DD/YYYY

Address: _____

City: _____ State: _____ Zip _____

Cell Phone: _____ OK to message? Y N

Alternate Phone _____ OK to message? Y N

Marital Status: Single Married Divorced

Do you have children? Y N

Gender: Male Female Transgender

Email: _____

Do you have health insurance? Y N

If so, what type of health insurance do you have? _____

Emergency Contact

Name: _____

Relationship: _____

Contact Number: _____ Alternate Number: _____

Student Signature Date

Witness Date

Updated: _____
Initial/Sem& AY

_____ Initial/Sem& AY

_____ Initial/Sem& AY

CONSENT FOR TREATMENT

In the case of routine health examinations, immunizations, diagnostic procedures, treatment of illness and/or injuries, permission is hereby granted to treat the student named above at the Las Positas Student Health and Wellness Center, and to make necessary referrals to private physicians and other community facilities as indicated.

OFF SITE CLINIC SERVICES

"By signing, I certify that I have been informed that payment for any medical services, including laboratory and x-ray examinations performed by a non-health center physician or medical facility is my responsibility even though it may be recommended by Las Positas Student Health and Wellness Center physician or Nurse Practitioner."

NO SHOW POLICY

Our office requires notification of cancellation at least 24-hours prior to the appointment or earlier if possible. A NO SHOW CHARGE OF \$5 will be applied to your account if advance notice is not provided. Patients with unpaid balances on their account may not be able to schedule an appointment until payment is received. NO SHOW fees will be treated according to Stanford/ValleyCare Health System policy on unpaid balances, with the exception of collection accounts.

"By signing, I understand that failing to give a notice within 24 hours or "NO SHOWING" of each appointment can result in a charge of \$5 CASH to my account (updated 4/16)