USC Engemann Student Health Center

Place Patient Label Here

# Consent for Medical Treatment

## Section 1. Patient Information

↑**Legal Name** *(Last, First)* | **Preferred Name** | **USC ID #**

**Local Address:** *Street* | *City* | *State* | *Zip*

**Cell Phone** *(Include area code)* | **E-Mail**

**Date of Birth:** _____ (MM/DD/YY)

**Are you a MINOR?** **(under 18 years of age)** ☐**Yes** ☐**No**

**Gender Identity**
☐**Female**
☐**Male**
☐ **Other --->**

***Fill in only IF Gender Identity AND Sex Assigned at birth differ.***
☐Transfemale/MTF
☐Transmale/FTM
☐Gender-non-conforming
☐Other:

**Sex Assigned at Birth**
☐Female
☐Male

## Section 2. Consent

**General Consent for Treatment.** I voluntarily consent to and authorize the USC Engemann Student Health Center (ESHC) to administer routine medical care and treatments, which may include, but is not limited to physical examination, diagnostic tests, medical procedures and medications as deemed necessary or advisable by an ESHC clinician. I understand and agree that I might receive care from a physician who does not hold a physician's and surgeon's certificate but who is qualified and certified by the California Medical Board to provide care in a special program as a visiting professor or faculty member. I am aware that the practice of medicine is not an exact science, and I acknowledge that ESHC makes no guarantees to me as to the result of tests, examinations, treatments, procedures or any other services rendered.

**Rights and Responsibilities.** I have been made aware of my rights and responsibilities as posted in the ESHC waiting areas and website. These responsibilities include but are not limited to: personal financial responsibility for any charges not covered by insurance or the USC Student Health Fee, following provider prescribed treatment plan, participating in care, behaving respectfully during visit and the right to change provider if other qualified providers are available.

*Signature:* ⊗ *Today's Date (MM/DD/YY):*

## Section 3. Emergency Contact

**Please indicate the nearest relative or friend that we may contact on your behalf in the event of an emergency:**

↑**Name** *(Last, First)* | **Relationship** (Family Member, Friend..etc.) | **Phone: (***Include area code)* ☐**Cell** ☐**Home**

**Address:** *Street* | *City* | *State* | *Zip*

## Section 4. Parent Information

↑**Mother's Name:** *(Last, First)* | **Mother's Maiden Name:** *( last name prior to marriage)* | **Phone:** *(Include area code)* ☐**Cell** ☐**Home**

**Address:** *(Include Country for International Address)*

**Father's Name:** *(Last, First)* | **Address:** ☐**Same as Above** ☐**See Below** **Phone: (***Include area code)* ☐**Cell** ☐**Home**

**Address:** *(Include Country for International Address)*

## Section 5. Non-USC student ONLY

**If you are a visitor on campus or are a non-USC student, please indicate your ethnic background:**

☐ **Asian / Pacific Islander**
☐ **Black non-Hispanic**
☐ **Hispanic / Latino**
☐ **Multi-Racial (Reported as Unknown)**
☐ **Native American**
☐ **White non-Hispanic**
☐ **International Student (Reported as Unknown)**
☐ **Unknown**