

Place Patient Label Here

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
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Date of Birth: _____ (MM/DD/YY)	Are you a MINOR? (under 18 years of age) <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other --->	Fill in only IF Gender Identity AND Sex Assigned at birth differ.	
			<input type="checkbox"/> Transfemale/MTF <input type="checkbox"/> Transmale/FTM <input type="checkbox"/> Gender-non-conforming <input type="checkbox"/> Other:	Sex Assigned at Birth <input type="checkbox"/> Female <input type="checkbox"/> 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) <input type="checkbox"/> Cell <input type="checkbox"/> 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) <input type="checkbox"/> Cell <input type="checkbox"/> Home
Address: (Include Country for International Address)		
Father's Name: (Last, First)	Address: <input type="checkbox"/> Same as Above <input type="checkbox"/> See Below	Phone: (Include area code) <input type="checkbox"/> Cell <input type="checkbox"/> 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:

<input type="checkbox"/> Asian / Pacific Islander	<input type="checkbox"/> Multi-Racial (Reported as Unknown)	<input type="checkbox"/> International Student (Reported as Unknown)
<input type="checkbox"/> Black non-Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> White non-Hispanic	