

Chabot College Student Health Center
Affiliated with Valley Care Health System
25555 Hesperian Boulevard, Hayward, California 94545
Phone (510) 723-7625 Fax: (510) 723-7129

NEW PATIENT INFORMATION

Last Name _____ First Name _____ MI _____
Circle Male / Female Date of Birth ____-____-____ Age ____
M D Y
Address _____ City _____ State ____ Zip ____
Primary Phone (best phone number to contact you at): (____) ____-____
Alternate Phone: (____) ____-____ Email: _____
Student W# / S. S. # _____
Type of Insurance _____ None ____ Medi-Cal ____
Personal Physician: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY / ILLNESS / INJURY

Name _____ Relationship to You _____
Primary Phone :(____) _____ Alternate Phone: (____) _____

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 name above at the Chabot Student Health Center (CSHC), 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 a Chabot Student Health Center (CSHC) physician or nurse practitioner.

NO SHOW OR CANCELLATION POLICY

Chabot Student Health Center (CSHC) is committed to offering the highest level of services to the students and provides the best resources available for my appointment. Therefore CSHC requires notice within **24-hours** prior to my appointment time to cancel. I understand that failing to give a notice within **24-hour** or **“No Showing” of two (2)** consecutive appointments per semester can result in a charge of **\$5.00** to my account. Patients with unpaid balances on their account may not be able to schedule an appointment until payment is received. Cancellation/no show fees will be treated according to CSHC policy on unpaid balances, with the exception of collection accounts.

Student's Signature Date Signature of Witness (CSHC Staff) Date