



CALIFORNIA STATE UNIVERSITY, LONG BEACH

STUDENT HEALTH SERVICES

Accredited by the Accreditation Association for Ambulatory Health Care, Inc.
1250 Bellflower Boulevard Long Beach, California 90840-0201 (562) 985-4771 Fax: (562) 985-8404

Name, Local Address, Phone, CSULB ID #, Date of Birth, Gender, Age, Relationship, Phone

Medical Insurance: Are you covered by medical insurance? NO If yes, please list

PERSONAL and FAMILY HISTORY: Hospitalized? surgeries? relatives had serious medical illness?

HEALTH HISTORY: Allergic to any medications? significant health problems? take medications regularly?

PERSONAL SAFETY: We at the Student Health Center are concerned about verbal, physical and sexual abuse issues...

Tobacco use: Current smoker, Non Smoker, Former Smoker. Other tobacco use: chew, pipe, cigar, snuff. Alcohol use: Do you drink alcohol? Drug use: Do you use recreational or street drugs?

Clinician's Initials:

Authorization and Consent for Treatment

I hereby give consent to the medical staff at the CSULB Student Health Center for medical examination and treatment. This includes lab and x-ray tests, medications and immunizations or any other care when deemed advisable by, and rendered under the general supervision, of a clinician licensed under the provision of the California Medical Practice Act. I understand that treatment will be completely confidential and my records will not be released to anyone without my permission except by subpoena and legal required morbidity reporting.

Student Signature: _____ Date: _____

Student ID# _____

Please Initial: _____ I authorized the SHS to release, to me for my personal use, copies of lab results, x-ray results, and immunization records at my request.