University of Puerto Rico

Río Piedras Campus

Medical Services Department

**PERSONAL INFORMATION, PATIENT YOUNGER THAN 21 YEARS OLD**

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_ F \_\_ M Date of birth (D/M/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_

Insurance health provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM TO RECEIVE EVALUATION, DIAGNOSIS AND AMBULATORY TREATMENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s name \*Father’s name \*Mother’s name

I/We authorize the personnel of the Medical Services Department of the University of Puerto Rico, Río Piedras campus, to provide evaluations, routine procedures, and, in cases of emergency, any medical treatment deemed necessary under medical judgment, within the usual and prevalent medical practice, when the person named on this form as the patient comes to solicit medical attention. We are aware the practice of medicine is not an exact science, and we have not been offered guarantee for the results of the health services to be received.

If the patient requires health services not provided in the Medical Services Department, we authorize that the patient receives evaluations, diagnostic studies, emergency services, and non-urgent treatment, as determined by the patient’s health status. For it, we authorize that the patient be accompanied by:

\_\_\_\_ Auxiliary Dean of International Relations, through 787-764-0000, x-86249

\_\_\_\_ Dean of Graduate Studies, through 787-764-000, x-86071

\_\_\_\_ Dean of Students, or assigned representative, through 787-764-000, x-86002

Incidents or healthcare urgencies that occur during the night, holidays or weekends, may be notified to the designated Director through the Security and Risk Management Department, extensions 82020 or 83131.

This authorization will be valid up to a year after the signature date, or until the named student finishes his/her studies at the Río Piedras campus, whichever comes first.

I/We certify to have read and understood this consent form in order to receive health services, and that all of the information provided is the truth and was given voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (D/M/A) Hour

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s signature \*Parent’s or legal guardian’s signature \*Parent’s or legal guardian’s signature

\* Required for patients younger than 21 years of age, not emancipated. Forms signed by emancipated minors or legal guardians, must be presented with evidence accrediting the emancipation or legal guardian’s assignment. This evidence has to be apostilled if not granted in Puerto Rico.

Affidavit No.: \_\_\_\_\_\_\_­­­\_\_\_\_

Sworn and signed before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of legal age, residents of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (relationship) of the referenced minor, and to whom I have identified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, today, \_\_\_\_\_ days of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public