

**Section 1: Patient Information**

Legal Name (Last, First)	Preferred Name	UNT ID#
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Local Address:	Street	City	State	Zip
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Cell Phone (include area code)	Email
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<b><u>Date of Birth</u></b>  _____ (MM/DD/YY)	<b><u>Are you a minor?</u></b> <b>(under the age of 18)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Gender Identity</u></b>  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<b><u>If Gender Identity differs from Sex Assigned at Birth:</u></b>  <input type="checkbox"/> Transfemale/MTF <input type="checkbox"/> Transmale/FTM <input type="checkbox"/> Gender-nonconforming <input type="checkbox"/> Other:  <b><u>Sex Assigned at Birth</u></b>  <input type="checkbox"/> Female <input type="checkbox"/> Male
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<b><u>Pronouns</u></b>  <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other:	<b><u>Sexual Orientation</u></b>  <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual/Pansexual <input type="checkbox"/> Other:
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**Section 2: Medical Information**

Allergies:

Current Medications:

Date of Last Tetanus Booster:

Pertinent Medical History:

**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)
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Address:	Street	City	State	Zip
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**Section 4: Parent/Legal Guardian Information**

Parent 1: Name (Last, First)	Maiden Name, if applicable	Phone (include area code)
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Address (include Country for international addresses)

Parent 2: Name (Last, First)	Maiden Name, if applicable	Phone (include area code)
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Address (include Country for international addresses)

## UNT Authorization and Permission to Treat

### Authorization for Treatment (if patient is over 18 years of age)

I do hereby consent, authorize, and request Student Health and Wellness Center personnel and/or physician and/or mental health representative and/or other medical representative to whom referral is made, to conduct treatment which they may deem advisable in the event I should require medical care while a student at the University of North Texas. I also agree to pay all charges incurred at the time of service.

### Authorization for Treatment (if patient is under 18 years of age)

I do hereby consent, authorize, and request Student Health and Wellness Center personnel and/or physician and/or mental health representative and/or other medical representative to whom referral is made, to conduct treatment which they may deem advisable in the event my child should require medical care while a student at the University of North Texas. I also agree to pay all charges incurred at the time of service.

### Patient Long-Term Signature Authorization

I am aware the Student Health and Wellness Center follows federal HIPAA guidelines in protecting my information. The Notice of Privacy Practices (NPP) describes my rights as a patient and how the Student Health and Wellness Center may use my Protected Health Information (PHI) for treatment, payment, and operation. At any time, I may request a copy of the Student Health and Wellness Center NPP from the Health Information Management Department.

I hereby authorize the release of any medical information in order to process my medical insurance claim to the UNT-endorsed student insurance policy. I authorize payment of medical benefits to the Student Health and Wellness Center. I also authorize the Student Health and Wellness Center to release medical information as necessary for continued treatments. The person giving this authorization may revoke such authorization at any time in writing. Photocopies of the authorization may be used in place of the original.

I understand the Student Health and Wellness Center only files insurance claims to the UNT-endorsed student insurance policy.

### Eligibility for Services

Students who have paid the medical services fee and are enrolled are allowed access to the Student Health and Wellness Center.

Students who are no longer enrolled at UNT are no longer eligible to use the services provided at the Student Health and Wellness Center; however, there is an opportunity for continuing students to be seen at the Student Health and Wellness Center during the summer by paying a charge for the visit.

Students are allowed to have one follow-up visit to provide continuity of care from a previous medical visit during the first semester of non-enrollment by paying an associated charge. Additional follow-up visits will only be scheduled if they are deemed medically necessary by the provider.

Anticipated Date of Graduation: \_\_\_\_\_

### Address Update Information

It is the responsibility of the student to provide accurate, updated address information at all times to the University. Failure to do so constitutes a breach of the Student Code of Conduct. Any student who changes their address must notify the Registrar's Office immediately or update their information at [my.unt.edu](http://my.unt.edu).

By signing this document, I acknowledge that I understand all of the above information as it is written.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_