Santa Monica	College –	Health S	Services
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Name					e	Time	
Last			First	MI			
□ Female	□ Male	□ Non-Binary	Are you Pregnant	? 🗆 Yes 🗆 No			
Student ID			Birth Date _		Age	Phone	
Reason for	· Visit:						
Blood Pre	essure	□ Hearin	a	TB Test		MD/NP Appointment	
□ Illness/As	ssessment	□ Vision	5	□ TB Read			
Telephor	ne Consult	🗆 Immun	izations/Vaccines	□ Medication	□ Medication □ Tampons/Pads		
•	Insurance Help			□ Prescheduled □ Other			
Are you int	terested in	learning more abou	ut food security resc	ources? 🗆 Yes	□ No		
Are you int	terested in	learning more abou	ut housing security	resources? 🗆 Yes	□ No		
Seen by:	□ RN		□ HA	Ledger	🗆 Clinix		
	00		□ 0 # 0 -m				
Ref:	On Campu	S		pus		Paid	
I,				1			
Print Last N	ame, First Nan	ne	,	Print Last Name, Fir	st Name	,	
Hereby rele	ease SMC I	Health Services of a	any liability	Authorize SMC H	lealth Servic	es to release health	
associated with the administration of medications, venipuncture, and/or treatment. Medication taken in the last 24 hours			dications,	information on:			
				Health History			
				Physical Exam			
				Other (specify)			
Medical Allergies				Treatment Refusal			
Are you pr	egnant?	🗆 Yes 🗆 No					
Drug & Do	sade						
-	-			· · · · · · · · · · · · · · · · · · ·			
				Signature			
Signature			Age	Date			
	l by						
Administered	ру						
Date			Time				