

RESIDENT MEDICAL INFORMATION FORM

This form will be used to provide information to the Carrillo Medical Clinic about new residents. It should be taken to the clinic with the resident on their first appointment. Please provide as much specific information as possible.

Resident Name _____ Date of Birth _____

Please list all medications currently being taken by the resident. Be sure to include dosage.

Has the resident been given a psychiatric diagnosis? Most residents are considered to be 312.9 - Conduct Disorder, but check for history of depression, sleep disorder, hyperactivity, etc.

Does the resident have any allergies? Please list. _____

Bring Medi-Cal card or stickers.

Bring Immunization records or arrange to have them sent to the Clinic.

CONSENT FOR MEDICAL TREATMENT

As the Parent, Agency Representative or Legal Guardian, I hereby give consent to Sweeney Youth Homes to provide all dental and/or medical care prescribed by a duly licensed Physician (M.D.) or dentist (D.D.S.) for the above-named resident. This care may be given under whatever conditions are necessary to preserve the life, health and/or well-being of the resident.

Signature of Parent(s), Agency Rep. or Legal Guardian

Date

RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, hereby authorize the release of records from _____ to Sweeney Youth Homes. The information is to be restricted to medical diagnoses and treatment plans and is necessary for the purpose of monitoring medications and preventing the spread of contagious diseases. The signer can cancel this consent at any time and release or transfer of the information to any other person or entity not specified herein is prohibited.

Signature of Resident

Date

Signature of Parent, Agency Rep. or Guardian Date