SECTION 1

I read the information contained in the General Consent Form. Any questions I had were answered to my satisfaction. I give permission to the staff and consultants of the _______to perform examinations, conduct laboratory and other tests and give injections, medications and other treatments, and render health services to me or the person named on this record for whom I am authorized to make this request.

SECTION 2

In addition to the above, I certify that the person having the power to consent cannot be contacted and has not previously indicated any objection to the services requested.

Date/Initials

		SECTION 3
Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signature

	<u> </u>	
Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signature

Date	Date of Form	Signature/Relationship/Address/Phone #

Counselor Signat	ure					
		SHORT TERM RECORD				
Name		DOB	Sex			
Mailing Address						
Client #	Pł	none #				
Father/Husband		Mother				
Mother's Maiden Name						
Type of Record	Date Opened	Where Filed	Date			
			Closed			
Father/Husband Mother's Maiden	Name	Mother				

Date	Service Given	Signature
	Dept. of State Health Services - Public Health Nursing	L-37 Rev. 4/200