

## Jamner County Health Department Community Health Care Delivery Systems

NAME <u>Summers, Deborah m.</u>	BIRTHDATE <u>8/8/20XX - 20</u>
ADDRESS <u>1962 N.E. 6th</u>	SS# <u>534-46-1672</u>
CITY, TOWN <u>Ruston, m.j. 98139</u>	ETHNIC <u>white</u>
PHONE <u>(206) 433-1112</u>	MARITAL STATUS <u>Married</u>
EMPLOYER\OCCUPATION <u>NONE</u>	FINANCIAL DATA
NEXT OF KIN <u>Hans Summers</u>	FAMILY SIZE <u>4</u>
ADDRESS <u>1200 maple Ave</u>	INCOME\MO. <u>NONE</u>
CITY, TOWN <u>Ruston, m.j. 98465</u>	FEE CODE
PHONE <u>(206) 784-2076</u>	
RESPONSIBLE PARTY <u>myself</u>	INSURANCE COVERAGE & #
ADDRESS <u>Same as above</u>	MEDICARE
CITY, TOWN <u>Same as above</u>	MEDICAID
PHONE <u>Same as above</u>	PCMB
CURRENT PHYSICIAN <u>NONE</u>	OTHER
PHONE	
ALLERGIES <u>NONE</u>	Where would you have gone if clinic not available? <u>DON'T KNOW</u>
MEDICATIONS <u>NONE</u>	Referred to clinic by: <u>a friend</u>

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### CONSENT FOR TREATMENT\AUTHORIZATION FOR RELEASE OF INFORMATION

Having voluntarily presented myself at Jamner County Clinic, I acknowledge awareness of the fact that evaluation and treatment to be received may be administered by a physician or a mid-level practitioner. I consent to and authorize evaluation and treatment that may be advisable or necessary in the judgment of the physician or the mid-level practitioner. I also authorize release of this record for insurance or medical follow-up reasons.

Martha Lindsey  
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Witness

Deborah Summers  
\_\_\_\_\_  
Signature

Sept. 5, 20XX  
\_\_\_\_\_  
Date

INACTIVE PATIENT REGISTRATION\MEDICAL RECORD

## PROGRESS NOTES