

# Haak'u Health Center

Form 7

80 B Veterans Blvd Pueblo of Acoma, New Mexico, 87034  
PO Box 40 San Fidel New Mexico, 87049  
Telephone (505) 552-5300 ~ Fax (505) 552-5478

## General Facility Consent Form

_____	_____	_____	
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
_____	_____	_____	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
<b>PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____	_____	_____	_____
_____	_____	_____	_____
<b>Date of Birth</b>		<b>Phone number</b>	
		_____	
		<b>Alternate phone number</b>	
		_____	

### Initials:

\_\_\_\_\_ I hereby authorize and consent to receive Medical, Dental, Optometry, Behavioral Health, Pharmacy services and any other specialty service deemed necessary during appointments/walk-in visits by a licensed provider at Haak'u Health Center.

\_\_\_\_\_ I understand that my treatment and care may encompass diagnostic and therapeutic procedures and a variety of other medical services, such as laboratory testing, x-rays depending on my condition.

\_\_\_\_\_ I understand that each clinic may have additional Treatment Consent Forms which need to be completed depending on the type of procedure/treatment performed during the visit.

By signing this form, I have read and understand the contents above.

_____	_____	_____	_____
<b>Patients/ Legal Guardian Signature</b>	<b>Patient Name (Print)</b>	<b>Date of Birth</b>	<b>Date</b>
_____	_____	_____	_____
Witness Signature	Date	Chart Number	