

Family Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Identification/Policy Number: \_\_\_\_\_  
Member's Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Medical History:**

Allergies (including medications allergies):  
\_\_\_\_\_  
\_\_\_\_\_

Chronic or existing diseases or medical problems (e.g. asthma, diabetes, epilepsy)  
\_\_\_\_\_  
\_\_\_\_\_

Medicines now taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In an emergency parent(s) or guardian(s) may be reached at:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

Interactive Health Concepts, Inc.  
Gloria K Manley, M.D.  
PO Box 27467  
Scottsdale, AZ 85255  
Phone: 602-673-5341  
Fax: 623-234-3541  
www.Media-Medicine.com

Consent for Medical Treatment (Self, Adult or Minor Child)

I, (We), \_\_\_\_\_ and \_\_\_\_\_  
(name) (name)

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ do hereby  
(city) (county) (state)

state that I am (we are) the parent(s) or legal guardian (s) of: \_\_\_\_\_  
(name)

\_\_\_\_\_, a minor, age \_\_\_\_\_  
(name)

born on \_\_\_\_\_ who resides with me (us) at  
(date)

\_\_\_\_\_  
(street address, city, state)

I (We) authorize Medical Providers with Interactive Health Concepts, Inc. to provide telepsychiatry services including Assessments, Diagnoses, Recommendations and Medications to the person noted above.

I (We) further consent to any necessary psychiatric/psychological examination/evaluation, diagnosis and treatment to be rendered to the above-named minor or person under the general or special supervision and on the advice of any physician or surgeon legally licensed to practice medicine for the period from \_\_\_\_\_ to \_\_\_\_\_.

I (We) also acknowledge that I (we) are fully responsible for any costs incurred for this treatment and promise to submit payment promptly.

\*If insurance companies are billed the service would only be provided as a courtesy.

Signatures(s) of parent(s) or guardian(s):

\_\_\_\_\_  
Signature(s) of parent(s) or guardian(s)

Date this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.