



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

Form with fields: LAST NAME, FIRST NAME, DOC NUMBER, FACILITY, UNIT/CELL, DATE, TIME, JOB/PROGRAM, JOB/PROGRAM HOURS, DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- MEDICAL, DENTAL, MENTAL HEALTH, MEDICATION REFILL, OPTOMETRY, OTHER

REASON FOR REQUEST (list problem or medications needing refill)

Multiple horizontal lines for text entry under Reason for Request

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, complaints about staff, non-health services issues

Response options: Schedule within ___ days/weeks/months, Next available sick call, No visit required

Multiple horizontal lines for text entry under Health Services Response/Encounter

RESPONDER signature and stamp (all copies) and DATE and TIME

Distribution: WHITE/YELLOW - Responder, PINK - Patient keeps

Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.