



## 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

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      ☐ PSYCHIATRY

☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below

☐ OPTOMETRY      ☐ OTHER: \_\_\_\_\_

### REASON FOR REQUEST (list problem or medications needing refill)

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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

<input type="checkbox"/> Schedule within ____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
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RESPONDER signature and stamp (all copies)	DATE and TIME
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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.