

## CareSouth Carolina Inc. Online Registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Guardian (if minor): \_\_\_\_\_ Guardian DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Non-Hispanic: \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Language: \_\_\_\_\_

I hereby authorize CareSouth Carolina, Inc. staff (and whomever they delegate) to provide medical, emergency, and inpatient care of such treatment that may include/but is not limited to, health screening, diagnoses, medical treatment, social services, and/or mental health & drug & alcohol screening, assessment, diagnoses, and treatment as is found necessary. I also authorize the release of any medical information necessary to promote continuity of care with other healthcare and enabling services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

