



Student Health and Counseling Center

P.O. Box 755580, 1788 Yukon Drive | Fairbanks, AK
99775-5580 | 907-474-7043, telephone 907-474-5777,
fax | www.uaf.edu/chc

Appointment Request Form for UAF SHCC Service

Please use this form to request a non-emergency appointment. If you are urgently ill, hurt, or having a mental health crisis, please call 911 or go to the nearest emergency room or healthcare facility. UAF SHCC staff members will respond to appointment request forms Monday-Friday, and a staff member will contact you to arrange the appointment. For same-day services, please call our front desk phone number (907)474-7043 to speak to a staff member directly.

Your name *

First Name Last Name

Your date of birth *



Month Day Year

Your UA Identification number? *

Your cell phone/ contact telephone number *

xxx-xxx-xxxx

Can we leave a message on your voicemail? *

Yes

No

Do we have permission to text message you using the phone number you provided above? *

Yes

No

If yes, who is your cell phone service provider (mobile carrier)?

GCI, AT&T, Verizon

Your email address *

example@example.com

Can we send a secured message from UAF SHCC to this email address? *

Yes

No

Your physical address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What type of appointment do you need? *

Counseling (50 minutes)

General Physical Exam (45-60 minutes)

Fire Fighter Physical Exam (60 minutes)

Women's Annual Exam (45-60 minutes)

STI/STD Screening (30 minutes)

Birth Control/Contraception (45-60 minutes)

Immunizations (30 minutes)

Wound Care (45 minutes)

I am sick but not urgently so. (30 minutes)

I hurt myself but not urgently so. (30 minutes)

Medication Evaluation (45-60 minutes)

Medication Refill (Select this option only if you have seen a provider at SHCC within the last year. Otherwise, select medication evaluation.) (30 minutes)

Please select times and days that you are available for an appointment.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00					
9:00-9:30					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					

By signing this form,

I hereby attest that I am requesting an appointment on my own behalf. I understand that this form is not to be used if I am experiencing a mental health emergency or acute/serious medical concern. If I am having an emergency or acute/serious illness, I understand that I should call 911 or go to the nearest emergency room/medical facility. I understand that if I am under age 18, my legal guardian will need to consent to my treatment. Parent/guardian consent for treatment forms are available on UAF SHCC's website.

Date of Signature



Month Day Year

Naturally Inspiring.

UAF is an AA/EO employer and educational institution and prohibits illegal discrimination against any individual: www.alaska.edu/nondiscrimination/.