

# Health Information and Consent to Proceed Form

In order to provide you with the best possible service, we request that you provide us with the following information:

1. I agree \_\_\_\_\_ decline \_\_\_\_\_ to provide the following information. (Please initial.)

2. Does any resident have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list:

---

---

3. Does any resident have any sensitivity to chemicals? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Please list:

---

---

4. Is any resident under the care of a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of resident(s) under care: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Are there any residents under the age of 6 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are there any residents over the age of 60 years old? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are there any residents with respiratory problems? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are there any residents that have a deficient immune system? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please list any concerns you may have about our services or about your health:

---

---

---

I have read the information provided to me and have reviewed or been offered information on the MSDS (Material Safety Data Sheets) regarding the chemicals that may be used in my residence and I hereby give my consent for necessary services to be performed.

---

Owner / Occupant

Date:

City