The Prophets of Kalistrade, Medical and Clerical Care Form#4576B

Form to be completed prior to medical or clerical treatment and/or blessing of individual or admission to prolonged intensive care. Treatment will only be disbursed upon entire completion of form. We hold the right to refuse service to anyone.

Name: _____ DOB: _____
Occupation: _____
Mother's Maiden Name: _____

Emergency Contact
Name: _____
Relation to Individual: _____
Preferred method for receiving sending: _____
Emergency contact is required to submit to nearest clinical facility to be made familiar to sender at earliest convenience. Those who do not submit are subject to a fine.

Please list all spells, charms, blessings, demonic/fey/elder pacts, boosts, incantations, former clerical aid, divine interventions on behalf of planar deities, mindflayer induced fits of amnesia, journeys through sigil, severe injuries, loss of limb, uses of artifacts, and medications used in the last six months:

Allergies: _____
Deity (Please list former or All if polytheistic): _____
Has the individual ever been treated for vampirism, turned, or cursed? If so, please list specific incident(s): _____

By signing and submitting this form, the patient Consents that the individual assigned to provide treatment or blessings is not responsible for side effects, further injury, curses, loss of limb, acts of wrath as committed by planar deities, unexpected portal rifts, death, or damnation. By signing and submitting this form, the patient Consents to pay, or arrange to be paid, the full costs of treatment, within 14 days of the receipt of a bill.

Signature: _____
Date: _____ Completed by: _____
Relationship to Individual Seeking Treatment: _____

Aspis Consortium or Pathfinder Society Membership Number, or other group membership through which special pricing or payment arrangements is sought: _____