TIGER DEN WELLNESS CENTER

PATIENT REGISTRATION AND CONSENT FOR SERVICES

SCHOOL BASED HEALTH CENTER

STUDENT INFORMATION

Patient Name (last, first, middle)	Date of Birth	Social Security Number Student ID Number	Grade
Patient Address (street, city, state, and zip)	Patient Phone - home		
	Patient Phone - Cell		
Parent(s)/Legal Guardian(s) Name(s)	Patient Sex ☐ Male ☐ Female		
	Patient Race ☐ Black ☐ White ☐ Native American/Alaska Native ☐ Hispanic ☐ Other		
Parent(s)/Legal Guardian(s) Address (street, city, state and zip)	Home Phone		
	Work Phone		
	Cell Phone		
Emergency Contact Person Name and Relationship to Patient	Emergency Phone - Home		
	Emergency Phone - Cell		
	Emergency Phone Work		

INSURANCE INFORMATION

Primary Care Physician	Primary Care Physician Phone Number
Primary Care Physician Address	
Name of Health Insurance (If no insurance coverage, please enter N/A)	Medicaid coverage ☐ Yes ☐ No Blue Cross/Blue Shield Centennial Care (CC) ☐ United CC ☐ Molina CC ☐ Presbyterian CC ☐ Fee-For-Service
Policy Number	Medicaid Number:
Name of Policy Holder	Relationship to Patient

HEALTH HISTORY

List any allergies	List any surgeries When/Where	List Hospitalizations When/Where	List Current Medications/ Dosages

List any family health conditions which may be inherited (i.e. high blood pressure, heart disease):

CONSENT FOR SERVICES

I give permission for my child, named above, to receive SBHC services while he/she is enrolled in this school and for SBHC staff to access my child's class schedule (for appointment purposes only). I understand that SBHC services are confidential, except in a life-threatening situation or when emergency services are needed and in accordance with the law. I give permission to the SBHC to exchange pertinent information to appropriate persons for the purpose of providing healthcare, diagnosis, treatment and counseling services, as well as for maintaining quality and safety. I understand that SBHC health records are confidential and will not be shared unless written consent is provided by the student and/or parent/guardian. I have received a copy of the the HIPAA Notice of Privacy Practices. I understand that New Mexico law does not require parental consent for treatment or advice about sexually transmitted diseases, pregnancy or contraception to minors under 18 years of age and behavioral health counseling services to minors age 14 years or older. **Unless I choose to withdraw my consent in writing, this authorization will continue for the entire period of time my child is enrolled in this school.**

Signature of Parent/Guardian	Date
Signature of patient, if 18 years or older	Date

Revised July 2014