

In order to help us provide the best care for your child, please fill this out as completely as possible. If you would like an appointment, please call the School-Based Health Center 208-687-5627. Thank you.

Student's Name: \_\_\_\_\_ (First) \_\_\_\_\_ (Last) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Printed Name of Person Completing Form)

(Relationship to Student (if not self))

(Date Form completed)

**QUESTIONS ABOUT YOUR CHILD:**

- Yes  No Does your child have a Primary Care Doctor or clinic? If Yes, please provide:  
Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - Yes  No Does your child have a Mental Health Provider? If Yes, please provide:  
Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - Yes  No Has your child had a physical or full check-up in the past year?
  - Yes  No Has your child had a dental check-up in the past year?
  - Yes  No Does your child have any MEDICATION allergies? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
  - Yes  No Does your child have allergies to anything else? (foods, dust mites, etc.)  
If Yes, please List: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
  - Yes  No Does your child take regular medications? (include vitamins and over-the-counter medications)
- | Medication | Dosage | Reason |
|------------|--------|--------|
| 1. _____   | _____  | _____  |
| 2. _____   | _____  | _____  |
| 3. _____   | _____  | _____  |

**Has your child had any of the following (Check all that apply):**

**Chronic or Ongoing Health Problems:**

- Vision Problems
- Asthma
- Heart Problems
- Diabetes
- Anemia
- High Blood Pressure
- Hearing Problems/Ear Infections
- Underweight or overweight
- Dental Decay/Teeth Problems

**Acute or Urgent Health Problems, including Infections:**

- Bone or Joint Injury
- Bladder or Kidney Infection
- Chickenpox
- Fainting or Passing Out
- Serious accident or fall
- Tuberculosis or TB Infection

**Other Concerns about Well-Being:**

- Too much worry or stress
- Attention Deficit Disorder
- School or Learning Problems
- Behavior or Anger Problems
- Alcohol or Drug Problem
- Depression

**Other Health Conditions:** Hospital stays, surgery, problems with birth, growth, thyroid, hepatitis, cancer, trauma or abuse.

Describe: \_\_\_\_\_

**Check all items you feel are generally true for your child:**

- My child engages in behavior that supports a healthy lifestyle; eating healthy foods, being active, and keeping safe.
- My child has at least one adult in their life who cares about them and to whom they can go to for help.
- My child has at least one friend or a group of friends with whom they are comfortable.
- My child is helpful or active in a group in school, a faith-based organization, or the community.
- My child is able to bounce back from life's disappointments.
- My child has a sense of hopefulness and self-confidence.
- My child is particularly good at doing certain things like math, sports, theater, cooking, or writing.
- My child and I have talked about the physical and emotional changes at their age.
- My child has a TV and/or a computer in the area where they sleep.

**QUESTIONS ABOUT YOUR FAMILY:**

- How many people live in your home? \_\_\_\_\_
- Yes  No Have there been any major changes or challenges in the past year? If yes, describe: \_\_\_\_\_
  - Yes  No Does anyone living at home smoke cigarettes or cigars?
  - Yes  No Do you eat meals together as a family?
  - Yes  No Is there a gun in your home?

**FAMILY HEALTH HISTORY: (check all that apply)**

	Father	Mother	Other Relative (Please Identify)
Asthma			
Cancer; Identify Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes			
Heart Attack or Stroke before age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure			
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or Drug Problems			
Depression or Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden or Unexplained Death			
Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB Infection)			
Physical, Sexual or Other Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Illness or Conditions explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* When your child comes in for care, we will ask them to complete a risk assessment that will include family health history

### School-Based Health Center Frequently Asked Questions for Families and Communities

#### **What is a School-Based Health Center?**

A school-based health center (SBHC) is a doctor's office located in the school or on school property that provides a full range of health care services so students can avoid health-related absences and get support to succeed in the classroom. SBHCs are sponsored and operated by community-based health organizations, hospitals, and similar organizations; and adhere to state and federal laws, policies, procedures and professional standards for provision of medical and mental health care. The School Based Health Center in the Lakeland School District is sponsored by, Heritage Health in Coeur d'Alene. Heritage Health been serving the community for nearly 30 years and was formerly named Dirne Community Health Center. Heritage Health is a non-profit organization that is controlled by the patients it serves.

#### **What are the benefits of SBHCs?**

School-based health centers reduce barriers that have historically prevented youth from seeking the health services they need including accessibility, cost, transportation, concerns about confidentiality, and apprehension about discussing personal health problems. Since the SBHC is located on or near school property, students are able to receive health care services and return back to learning in their classrooms. Additionally, parents do not need to take time off work in order to transport the sick student to a doctor.

#### **Who provides care at a SBHC?**

Health care is provided by a physician, nurse practitioner or a physician assistant. A nurse practitioner is a registered nurse who has received advanced training and education to care for the general health of most individuals. A physician assistant has also received advanced training to provide health care to members of the community. Both nurse practitioners and physician assistants can prescribe most medications and are specially trained to address the comprehensive health of their patients. Behavioral health services are provided by a mental health provider such as a social worker, counselor, psychologist or psychiatric nurse practitioner.

#### **Do students need to have parental permission to visit the health center?**

Parents or legal guardians must sign consent forms for their children to receive care. However, under Idaho law, all students can seek emergency medical care; diagnosis and treatment for sexually transmitted diseases, including HIV; examination for physical or sexual abuse; and substance abuse counseling, confidentially and without parental consent. Counseling is provided to students receiving these services, including guidance in discussing health concerns with parents whenever appropriate.

#### **Can students make appointments during class time?**

SBHCs are focused on helping students stay in school and learn. Every effort is made in SBHCs to schedule appointments so that students do not miss core classes.

#### **How is a student enrolled in the SBHC?**

To enroll in the SBHC, parents or legal guardians must complete and return a Parental Consent Form.

#### **Does a student need to have health insurance to be seen at the SBHC?**

SBHCs provide care to students whether or not they have insurance. SBHCs do bill private insurance and Medicaid for the services they provide when appropriate.

#### **Do SBHCs see members of the community?**

The School Based Health Center serving the Lakeland School District is a true community resource. All members of the community seeking treatment will have access to services.

#### **Is it mandatory for students to enroll in the SBHC?**

Enrolling in the SBHC is not mandatory, however it is strongly encouraged so that all students may have access to quality comprehensive health care. Students enrolled in the SBHC can receive immunizations, comprehensive physical examinations (for sports, working papers and required school physicals), diagnosis and treatment of illnesses and injuries, prescriptions and medication. If a student is not enrolled, the only care that the SBHC can provide is emergency first aid and those services for which minors may consent to their own treatment.

#### **What if the student already has a doctor?**

If a student already has a Primary Care Provider (PCP), then the SBHC staff will supplement the care that he or she provides. If necessary, the SBHC staff will communicate with the PCP to make sure that the student receives the best care possible both in and out of school.

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#### **Locations:**

**Coeur d'Alene | Post Falls | Rathdrum  
Kellogg | Wallace | Mullan**

**Website: [www.myheritagehealth.org](http://www.myheritagehealth.org)  
P.O. Box 3648, Coeur d'Alene, ID 83814  
208.620.5250**



**Release of Information**  
**Consent to Release of Education Records Under the Family Educational**  
**Rights and Privacy Act (FERPA) TO**  
**Heritage Health dba Dirne Health Centers Inc.**

I, \_\_\_\_\_, (parent and/or guardian of) \_\_\_\_\_, a student at \_\_\_\_\_, consent to the release of my child’s education records from the Lakeland/Post Falls/Coeur d’Alene School District to Heritage Health providers at the School-Based Health Center for school year \_\_\_\_\_.

I understand that the educational records to be released may include, but are not limited to:

- 1. Name of student
- 2. School of student
- 3. Attendance
- 4. Class Schedule
- 5. Disciplinary records
- 6. School Health records

I understand that this release includes permission for the Heritage Health providers at the School- Based Health Center to access my child’s academic records online, should they be necessary for treatment.

I understand that the purpose of sharing these records with Heritage Health providers from the School-Based Health Center is to keep my child’s school-based care providers informed of his/her academic program and progress. Heritage Health providers will work with the school, the family and the student in an effort to improve my child’s success at school.

I acknowledge that I may submit a subsequent notification in writing directing the Lakeland School District to no longer release information to agency staff.

This Release of Information will be valid for the \_\_\_\_\_ school year, or as long as the student is served by the agency, whichever is the lesser time length.

Lakeland School District is authorized to release information to the following agency (please print clearly):

**Heritage Health School-Based Health Center**  
16760 Highway 41, Rathdrum, Idaho 83858

Student’s Name  
\_\_\_\_\_

Date of Birth  
\_\_\_\_\_

Parent/Guardian Signature  
(If student is 17 or younger)  
\_\_\_\_\_

Student Signature  
(If student is 18 or older)  
\_\_\_\_\_

Date  
\_\_\_\_\_

Date  
\_\_\_\_\_

**Heritage Health School Based Health Center  
Consent for Services**

**Heritage Health School-Based Health Center (SBHC)** must have a signed consent from a parent or legal guardian before providing services to the student, except in situations where federal and/or state laws allow the student to access such treatment without parent/guardian consent.

If the student is enrolled in school but is not enrolled in a School-Based Health Center (SBHC), he/she can continue to receive School Nurse services.

I hereby request and authorize that the student named below receive health/mental health care services

Only with a parent/guardian present

Independently (parent/guardian will be notified prior to evaluation and management of student) available from and deemed necessary by the staff of the SBHC. These services may include, but are not limited to: routine medical exams, sports physicals, well-child care, evaluation and treatment of acute illness and injuries, immunizations, blood studies, photographs, x-rays, dental and fluoride treatment services, mental health counseling.

Consent is also given for referral of care and, if needed, emergency transportation to other physicians, health care professionals, hospitals, clinics, or health care agencies as deemed necessary by the SBHC staff. **This authorization does not allow services to be rendered without the student's consent, unless she/he is unable to consent.**

Heritage Health is committed to creating a health care home and encouraging long-term relationships between patients and providers that include medical, dental and mental health care. Heritage Health collaborates with other providers in the community that may also be seeing patients we serve to ensure care is coordinated.

In accordance with state and/or federal law, when consent is provided for care, healthcare information is kept confidential. A few exceptions exist, for example:

- Permission is given by the patient to parent/guardian through a signed release of information.
- The patient indicates risk of imminent harm to self or others.
- The patient has a life-threatening health problem and is under 18 years old.
- There is reason to suspect abuse or neglect.
- Certain communicable diseases must be reported to public health authorities.

Consent is given to share necessary information with the health care providers at the SBHC, including exchange of information between the mental health therapist, nurse practitioner or physician's assistant and the School Nurse, for the purpose of providing the best care for the above named student.

To facilitate coordination of care, the student's School-Based Health Center medical record will be accessible to Heritage Health staff at the SBHC. Consent is granted for the School Nurse to administer over-the-counter medications (for example, Ibuprofen, Tylenol, Tums, etc.) as prescribed by the medical provider of the SBHC. Students may also receive services independently at Heritage Health's other clinics. Consent is authorized for services provided by Heritage Health during the length of time the student is enrolled in a school with a Heritage Health SBHC or for the length of time services are provided at another Heritage Health clinic. Withdrawal of this consent can be done at any time by writing to the SBHC.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Legally Responsible Guardian (Print): \_\_\_\_\_

Relationship: \_\_\_\_\_

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P.O. Box 3648, Coeur d'Alene, ID 83814  
**208.620.5250**



Family Practice | General Dentistry | Mental Health | Pediatrics

PATIENT INFORMATION-PLEASE PRINT

Name \_\_\_\_\_

Sex:  M  F                      DOB \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ I authorize Heritage Health to contact me at the above email address regarding my protected health information and care:

Yes \_\_\_ No \_\_\_ Initial \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Pharmacy/Name/Location \_\_\_\_\_

Responsible Party

Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

INSURANCE INFORMATION- PLEASE PROVIDE YOUR INSURANCE CARD TO RECEPTIONIST

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Signature of patient/responsible party \_\_\_\_\_

Date \_\_\_\_\_

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