PATIENT REGISTRATION AND CONSENT FOR SERVICES

XXXXXXX
SCHOOL BASED HEALTH CENTER

FY [redacted]

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)	If Medicaid coverage ☐ Blue Cross/Blue Shield Salud ☐ Lovelace Salud ☐ Molina Salud ☐ Presbyterian Salud ☐ 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 and for SBHC staff to access my child's class schedule (for appointment purposes only). I also give permission for the SBHC staff to consult with and provide information and records to other health care and mental health providers, including school health professionals, and for purposes of program evaluation and quality assurance. I understand that health records are confidential and will not be open to the school personnel unless the parent/guardian gives written consent, or in the case of treatment for which the minor has given consent, unless the minor gives written consent. I have received a copy of the the provider notice of privacy. 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.

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

Revised May 2008