

PATIENT REGISTRATION AND CONSENT FOR SERVICES		Region IX SCHOOL BASED HEALTH CENTER		SY 19-20
<b>STUDENT INFORMATION</b>	Patient Name (last, first, middle)	Date of Birth		Grade
	Patient Address (street, city, state, and zip)	Patient Phone		
	Parent(s)/Legal Guardian(s) Name(s)	Patient Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
		Patient Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaska Native 1 Hispanic <input type="checkbox"/> Other		
	Parent(s)/Legal Guardian(s) Address (street, city, state and zip)	Parent/Guardian Phone (list number(s) where you can most easily be reached during the day)		
	Emergency Contact Person Name and Relationship to Patient	Emergency Phone		
<b>INSURANCE INFORMATION</b>	Primary Care Physician	Primary Care Physician Phone Number		
	Primary Care Physician Address			
	Does the patient have Medicaid? YES NO			
	<input type="checkbox"/> Blue Cross/Blue Shield Centennial <input type="checkbox"/> Western Sky Community Care <input type="checkbox"/> New Mexico Medicaid <input type="checkbox"/> Presbyterian Centennial			
	Medicaid Number:			
<b>HEALTH HISTORY</b>	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):			
<p>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). Services include, but are not limited to, a health questionnaire, mental health counseling, and physical health care. I give permission for my student to be seen via telemedicine when necessary and appropriate. 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 the right to 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.</p>				
Signature of Parent/Guardian			Date	
Signature of patient, if 18 years or older			Date	

Revised 2019