Laurel Health School Based Care
STUDENT HOME, SCHOOL, & HEALTH HISTORY FORM

Today's date: Month / Day / Year	Student's Last Name:		Student's Date of Birth: Month / Day / Year

HOME HISTORY	YES	NO	COMMENTS
Does anyone in the home smoke?			
Has your child been a victim of abuse/ bullied?			
Has your child seen someone abused?			
Do they get enough to eat?			
Is there a gun in the home?			
What activities / hobbies do they enjoy?			

SCHOOL HISTORY	YES	NO	COMMENTS
Are there any learning problems/ disabilities?			
Are they in special classes or have an IEP?			
Have they repeated any grade?			
Do they get into trouble often at school?			
Are any of the responses above different from the past?			
What are their grades?			

MEDICAL/DENTAL/EYE HISTORY	YES	NO	COMMENTS
Date of last physical exam (Head-to-Toe)	Date of Exam:		Providers Name:
Do they take any medications currently?			
Have they previously taken medications?			
Are they allergic to any medications?	Pharmacy Name:		Pharmacy Phone#:
Preferred Pharmacy			
Have they ever been pregnant?			# of Pregnancies: # of Living Children:
Ever in hospital overnight?			
Any previous surgeries?			
Any previous head injuries?			
Any developmental delays?			
Immunizations up to date?			
Other Medical Concerns?			
Date of last complete dental exam:	Date of Exam:		Providers Name:
Any dental pain?			
Do they brush their teeth?	☐ Only morning ☐ Only night ☐ Both morning and night ☐ Rarely ☐ Never		
Do they floss?	☐ Only morning ☐ Only night ☐ Both morning and night ☐ Rarely ☐ Never		
Have they ever had fluoride treatments?			
Have they learned the importance of primary teeth?			
Other Dental Concerns?			
Date of last complete eye exam.	Date of Exam:		Providers Name:
Have they had glasses in the past?			
If yes, do they still have them, wear them?			
Trouble seeing things close?			
Trouble with changing distance?			
Headaches with vision related tasks?			
Other Eye Concerns?			
Any other information we should be aware of?			

Please return this document for school-based care. August 19, 2021

Laurel Health School Based Care
STUDENT HOME, SCHOOL, & HEALTH HISTORY FORM

Today's date: Month / Day / Year	Student's Last Name:	Student's First Name:	Student s Date of Birth: Month / Day / Year

Does student or any family member have or had any of following problems?

PROBLEM	STUDENT ☑ YES	FAMILY ☑ YES	PROBLEM	STUDENT ☑ YES	FAMILY ☑ YES	PROBLEM	STUDENT ☑ YES	FAMILY ☑ YES
Asthma/ Wheezing	☐	☐	Eye Trauma	☐	☐	Seizure Disorder	☐	☐
Allergy/Hay Fever	☐	☐	Fainting w/Exercise	☐	☐	Sickle Cell	☐	☐
Allergy/Food	☐	☐	Glaucoma	☐	☐	Sinus issues	☐	☐
Allergy/Pets	☐	☐	Headaches/ Frequent	☐	☐	Sleep apnea	☐	☐
ADHD/ADD	☐	☐	Hearing Loss/Concern	☐	☐	Sleep issues	☐	☐
Anemia/Blood	☐	☐	Heart Disease	☐	☐	Snoring	☐	☐
Anaphylactic R x n	☐	☐	Heart Murmur	☐	☐	Sore Throat/ Frequent	☐	☐
Acne	☐	☐	Kidney Disease/Issues	☐	☐	Speech Issues	☐	☐
Alcohol Abuse	☐	☐	High Blood Pressure	☐	☐	Spinal Curvature	☐	☐
Behavior Issues	☐	☐	HIV/ AIDS	☐	☐	Stomachache/Frequent	☐	☐
Bleeding Disorder	☐	☐	Hives	☐	☐	Stroke	☐	☐
Bowel Movements	☐	☐	Hyperactivity	☐	☐	Suicide Attempt(s)	☐	☐
Broken Bones	☐	☐	Joint Problems	☐	☐	Testicle not in Sac	☐	☐
Cancer	☐	☐	Lazy Eye	☐	☐	Toothache/Dental	☐	☐
Cataract	☐	☐	Lead Poisoning	☐	☐	Tuberculosis	☐	☐
Chicken Pox	☐	☐	Learning problems	☐	☐	Twitching Eyelid	☐	☐
Chronic Ear Infections	☐	☐	Leukemia	☐	☐	Underweight	☐	☐
Cholesterol High	☐	☐	Light Sensitivity	☐	☐	Urinary Tract Infections/Frequent	☐	☐
Concussion	☐	☐	Lumps Groin/Breast	☐	☐	Vaginal Discharge	☐	☐
Constipation	☐	☐	Mental Illness	☐	☐	Watery Eyes	☐	☐
Depression	☐	☐	Migraines	☐	☐			
Diabetes	☐	☐	Muscle Problems	☐	☐			
Diarrhea	☐	☐	Nervous Twitch/Tics	☐	☐			
Dizzy/Lightheaded	☐	☐	Nose Bleeds/Frequent	☐	☐			
Dry/Burning Eyes	☐	☐	Nightmares	☐	☐			
Eczema/Skin Infection	☐	☐	Obesity	☐	☐			
Eye strain	☐	☐	Rheumatic Fever	☐	☐			

☐ ***By checking this box, I am acknowledging that I have reviewed the document, and there is no student or family history of the problems listed above.***

Parent or Guardian Signature or Patient/Student Signature (Only if 18 or older)	Parent/Guardian Printed Name or Patient/Student Printed Name (Only if 18 or older)	Date

Please return this document for school-based care. August 19, 2021

THE FOLLOWING PAGES ARE FOR YOU

TO REVIEW

AND

KEEP FOR YOUR RECORDS

LAUREL HEALTH MOBILE SCHOOL-BASED HEALTH CENTER PROGRAM DESCRIPTION

Welcome to Laurel Health Mobile School Based Health Center. The School-Based Health Center, operated by Laurel Health at the Northern Tioga school districts sites, provides comprehensive medical and behavioral health care available to all students in the districts when needed. If your child/adolescent becomes sick at school or if your child/adolescent needs a check-up or a sports physical, they can have it done in the School-Based Health Center.

How the School-Based Health Center (SBHC) works:

- You must complete the attached consent form / other information pages and return them to the school nurse or school office.
- You or your child may schedule an appointment in the SBHC if your child is sick or injured. You can also schedule an appointment for physicals, required sports or employment physicals and all associated health care concerns. Any necessary prescriptions will be provided.
- Generally, parents are kept informed of school-based health center visits and are invited to participate in appointments by phone, video chat, or in person as their schedule permits. Supporting family communication is a principal goal of the program. Clinic staff encourages patients to discuss their health concerns with their parents. Confidentiality between the student, parents, and the health center is assured.
- By law, some information requires the students signed consent prior to disclosure to anyone, including parents / guardians.
- **The School-Based Health Center does not take the place of your primary care provider (PCP) and joining the program does not mean you are changing your child's PCP.** You will be encouraged to have any needed follow-up care with that PCP and a summary of your child's visit at the SBHC will be sent to that office. However, if you do not have a regular PCP, we welcome that relationship here and can become your child's PCP. If your child is already a patient of any Laurel Health Center locations, you still must sign this consent to be a part of the School-Based Health Center.

Patient Rights and Responsibilities:

- Respectful and equal treatment, care, and accommodations are available regardless of race, age, ethnicity, creed, sex, or sexual orientation.
- To have a health care assessment and plan of care and participate in your health care plan. To talk to your health care
- provider openly and privately.
- It is the patient's responsibility to carry out the recommended treatment plan.
- Allow at least 30 days for completion of insurance or disability forms and transfer of treatment records. Notify the SBHC if you
- have received treatment in an Emergency Room or hospital.
- After hours, in case of emergency call 911 or go to the nearest emergency room.
- If you have an urgent issue and would like to speak with the provider on call, **please call 1-844-284-6589 and you will be connected to our after-hours coverage service.**

The PRIMARY HEALTH CARE SERVICES we may provide include:

- Ill visits. For example: sore throat, rash, an asthma attack, or follow-up for medical problems, including physical examination, tests and treatment / medications as needed.
- Minor injury evaluation, including first aid.
- Routine physical examination (including sports and work physicals) with routine tests and treatments as needed.
- Management of chronic conditions such as hypertension, diabetes, and high cholesterol. Health education and wellness
- promotion.
- Immunization recommendations and referrals
- Point of care testing.
    - Strep testing
    - urinalysis
    - glucose
    - pregnancy testing
- Women's Health
- Testing, treatment, and education for sexually transmitted diseases.
- Parent and child health education.
- Vision and hearing screening.
- Prescriptions.
- Referral to outside agencies for further care that cannot be provided at the School-Based Health Center

Regarding PAYMENT FOR SERVICES:

If you do not have health insurance for your child, you will be responsible for the bill at the appropriate discounted fee**. However, no child will be denied care due to inability to pay for services.** If you do not have health insurance for your child, information about your household income will be requested to ensure compliance with federal requirements and to determine if you qualify for reduced or waived fees based on the Laurel Health Centers sliding fee scale. This information will be kept strictly confidential.

If you have private insurance, you should contact their customer service department to be sure your insurance pays for services with Laurel Health Centers. If your insurance does not cover Laurel Health Centers, you will be responsible for the bill at the appropriate discounted fee based on your household income.

- No child will be denied care due to inability to pay for services.
- We can help you if you need assistance applying for Medicaid. You may stop by any of our health centers or call **1-833-LAURELHC** to schedule an appointment with our Outreach and Enrollment specialist.

Regarding the SHARING OF HEALTH INFORMATION

- The Laurel School-Based Mobile Health Center may request medical records/information from any health care provider or facility where your child has been seen.
- Results of the visit will be sent by the School-Based Mobile Health Center to your child's PCP.
- Laurel Health, the School-Based Mobile Health Center, and/or the school nurses will share medical information, including immunization records, with each other as needed to deliver care.
- The child's medical and any other information will only be used in the treatment, payment and health care operations of the School-Based Health Center. All your child's information will be kept strictly confidential according to all state and federal laws.
- If services for mental health are needed, the health center provider may initiate a referral to the mental health provider at your child's school. The mental health provider will contact you for consent. The health center provider and the mental health provider will coordinate your child s care as needed. All information will be kept strictly confidential.

Patient Consent for Use and Disclosure of Protected Health Information

- With my consent, School-Based Health Center or Laurel Health Centers may use and disclose protected health information, (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Laurel Health Centers' Notice of Privacy Practice for a more complete description of such uses and disclosures.
- I have the right to review the Notice of Privacy Practice prior to signing this consent. Laurel Health Centers reserves the right to revise its notice of Privacy Practices at any time. A revised Notice of Privacy Practice may be obtained by forwarding a written request to Laurel Health Center Administration 40 West Wellsboro Street Mansfield, PA 16933.
- With my consent, School-Based Health Center may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.
- With my consent, School-Based Health Center or Laurel Health Center may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.
- I have the right to request that School-Based Health Center or Laurel Health Center restrict how it uses or discloses my protected health information to carry out treatment, payment, and healthcare operations. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.
- By signing this form, I am consenting to use / disclosure of my Protected Health Information to carry out treatment, payment, and operation.
- I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, the School-Based Health Center may decline to provide treatment to me.

*Please note that the School-Based Health Center is **completely optional.** School nursing and emergency services will still be provided as always whether you consent to the School-Based Health Center or not.

You **may revoke** this consent for treatment at any time by requesting the School-Based Health Center, in writing, to have your child removed from School-Based Health Center. Please notify us at the number below and in writing for any changes in guardianship.

Please keep this Program Description for your records.

The School-Based Health Center is an excellent way to keep your child healthy and in school. Please let us know if there is anything keeping you from enrolling your child. If you have any questions or need help with the application, please call Laurel Health Centers Administration Office at 1-570-662-1945 or contact your school nurse