



Thank you for choosing Community Health Center of Southeast Kansas, Inc. (CHC/SEK) for your child's health care needs. CHC/SEK's school health clinic(s) is available for all students. By completing this form, you are helping CHC/SEK better take care of your child. If you have any questions call 620.240.5061. Please complete this form in ink.

PATIENT INFORMATION

Full Legal Name

Last Name: _____ First: _____ Middle: _____

Date of Birth _____ Male Female Social Security Number _____

Mailing Address _____ City _____

State & Zip _____ E-Mail Address _____ Phone Number _____

Do you want to access your medical records electronically? Yes No
(If yes, you will receive an email, at the email address listed above, from CHC/SEK with your log-in information and the log-in URL.)

Preferred method of communication for appointment reminders: Text Phone Call

School Name: _____

Patient Grade Level: _____ School Location (City, State): _____

Race:

- American Indian/Alaskan
- Asian
- Native Hawaiian
- Black or African American
- White
- Pacific Islander
- Other Race

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Preferred Language

- English
- Spanish
- Other _____

If you are Homeless, are you:

- On the Street
- Doubling Up
- In Transitional Housing
- In a Shelter
- Other

Other than CHC/SEK's school health clinic(s), who does the patient use for his/her medical care?

(Check all that apply) CHC/SEK Other: _____ N/A

RESPONSIBLE CAREGIVER

Name _____
Date of Birth _____
Relationship to the Patient _____
Mailing Address _____
City, State, Zip _____
Phone Number _____

Name _____
Date of Birth _____
Relationship to the Patient _____
Mailing Address _____
City, State, Zip _____
Phone Number _____

(If Responsible Caregiver(s) is a foster parent or out-of-home placement, please provide appropriate paperwork illustrating placement and appropriate paperwork illustrating who maintains authority to make medical decisions on the patient's behalf).

Please Complete the Back of Form

Form Updated: 03/2022

EMERGENCY CONTRACT

In the event of an emergency, who should we contact? _____

Relationship to Patient: _____

Phone Number: _____

INSURANCE INFORMATION (Check all that apply)

KanCare (Aetna, Sunflower, United HealthCare)

Kansas Farmworker Health Program

No Health Insurance (Staff are available to help determine if you are eligible for coverage)

Commercial Insurance

Medicare

Other Medicaid

Primary Insurance

Insurance Plan _____

Member ID Number _____

Group Number _____

Policy Holder Information:

Full Name _____

Date of Birth _____

Social Security Number _____

Relationship to Patient _____

Employer _____

Secondary Insurance

Insurance Plan _____

Member ID Number _____

Group Number _____

Policy Holder Information:

Full Name _____

Date of Birth _____

Social Security Number _____

Relationship to Patient _____

Employer _____

Pharmacy: _____
Name

City & State

**Apothecare, located in CHC/SEK's Pittsburg, Fort Scott, Pleasanton, Iola, and Columbus clinics, is CHCSEK's preferred pharmacy.