

Patient Information

Name: _____

Date of Birth: _____

Gender: _____

Race: _____ Ethnicity: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Student Phone #: _____

Home #: _____

Parent/Guardian Name: _____

Parent/Guardian Cell #: _____

Parent/Guardian Work #: _____

Allergies: _____

Health Problems: _____

Emergency Contact Information

Emergency Contact Name: _____

Relation to Student: _____

Phone #: _____

Other Information Needed

Physician Name: _____

Address: _____

Phone #: _____

Fax #: _____

Pharmacy: _____

Address: _____

Phone #: _____

Fax #: _____

LONGWOOD HIGH SCHOOL BASED HEALTH CLINIC

*Just Kids Diagnostic & Treatment Center
100 Longwood Road
Middle Island, NY 11953*

Thank you for choosing the School Based Health Center!

The School Based Health Center is managed and operated by JK Family Medicine & Pediatrics in partnership with Stony Brook University Hospital Department of Family Medicine a NYS Department of Health Article 28 provides complete basic health care services for your teenager. These services are provided in an atmosphere that is both familiar and comfortable for the student.

Scope of services include primary and preventive health care, diagnosis and treatment of medical conditions, and management of chronic conditions specifically asthma and diabetes. Immunizations will be provided. Additionally, oral health assessments will be part of routine health care.



Health Insurance Information

This part needs to be completed!
Please attach a copy of your
insurance card (both sides).

I do not have insurance
coverage and would like to
apply for Medicaid.

I do not have insurance
coverage and would **NOT**
like to apply for Medicaid.

Insurance carrier:

Member ID#: _____

Medicaid # _____

Policy Holder:

Relationship to Insured:

For questions regarding School Based
Health Clinic at Longwood School
District; call the Office of Student &
Community Services at 631-345-2163.

Consent to Join

I give my consent for my son/daughter or
foster child to receive health care services
provided by the School Based Health
Center at Longwood High School and to
obtain copies of physical exams and
immunization records from their school and
primary care physician. I have received,
read, and understand HIPAA Notice of
Privacy Practices.

**NO OUT OF POCKET COST TO THE STUDENT
OR FAMILY. NO CO-PAY REQUIRED.**

Assignment of Benefits:

I hereby assign, transfer, and send over to
the hospital (including its independent
physician(s) and/or allied health care
practitioner(s) or their professional
corporations) benefits that I may be entitled
to from government agencies, insurance
carriers, or those financially liable for my
hospitalization and medical care. I request
that payment of authorized benefits be
made on my behalf directly to the hospital
(including allied health practitioners or their
professional corporation).

Signature of Student Date
(only if 18 or older)

Signature of Parent/Guardian

Date

District Witness/Phone Confirmation

Title Date