Tiger Wellness Center
Operated By PRIMEHEALTH

New Patient Enrollment
Student

Welcome to the Tiger Wellness Center!

The Tiger Wellness Center (TWC) is an integrated health center inside Grand Junction High School that provides in-school access to medical, behavioral health, and dental care. We work with the school nurse, health aide, and counselors to provide quality care. Studies show students who use integrated health centers miss less school.

Parents or guardians need to sign up their student for integrated health center services. Student access may be removed at any time with written notice. Services are open to all students and staff of Grand Junction High School.

Students are allowed to attend appointments by themselves. Students will be sent home with a summary of their primary care visit if requested. It is our goal to encourage students to have their family involved in their care, and we will facilitate this where possible.

Enrollment at TWC may allow your student to be seen and billed for the following services:

Yearly medical check-up (may include routine lab tests)	Referral to other healthcare specialists
Sports physicals	Substance use prevention, education, and counseling
Care for common colds, other illnesses, and injuries	Behavioral health services to include individual counseling visits
Prescriptions for bacterial illnesses and other medications	Healthy eating and exercise education
Assistance in the care of chronic conditions	Reproductive health education and counseling

Enrollment Information

Student First Name _____ Last Name _____ Date of Birth _____

Current Grade _____ Student Social Security Number _____ Student Phone Number _____

Parent/Guardian Full Name _____ Phone _____ Relationship to Student _____

Parent/Guardian Full Name _____ Phone _____ Relationship to Student _____

Physical Address _____ City _____ State _____ ZIP _____

Below, please put the address where you receive mail. If you do not have a mailing address, please check this box: ☐

Mailing Address _____ City _____ State _____ ZIP _____

Email Address _____ Student Email Address _____

Does your child have a Primary Care Provider? (Please choose one) Yes No If yes, who: _____

Race	Black/African-American	American Indian or Alaska Native	Asian	White	Native Hawaiian	Other Pacific Islander	Not Provided
Primary Language	American Sign Language	English	French	Polish	Russian	Spanish	Other
Sexual Orientation	Straight	Bisexual	Lesbian	Gay	Something Else	Do Not Know	Choose Not to Disclose
Ethinicity	Hispanic/Latino Origin	Not Hispanic/Latino Origin	Not Provided				
Gender Identity	Male	Female	Genderqueer/Nonbinary	Transgender Woman/Transgender Famale	Transgender Man/Transgender Male	Other	Choose Not to Disclose

Vaccine Consent

We offer vaccines for students and staff. I consent for my student to receive vaccines at the integrated health center. Parent or guardian must approve of each vaccine prior to it being given. This can be done via verbal consent over the phone. ☐ Yes ☐ No

Signature Required _____ Date _____

Contraceptive Services Consent

Contraceptive services are provided onsite only for those with parent consent or if the individual is 18 years and older. I consent for my student to receive contraceptive services at the integrated health center. Parent or guardian must approve prior to being given. This can be done via verbal consent over the phone. ☐ Yes ☐ No

Signature Required _____ Date _____

Healthy Smiles Program

This integrated health center provides dental care. There will be **no charge ($0 copy)** for the services listed below. Please mark what you would like your child to participate in.

- I give consent for my child to receive oral health screening. ☐ Yes ☐ No
- I give consent for my child to receive fluoride varnish application. ☐ Yes ☐ No

The services below are covered by health insurance. If you do not have insurance, the services below will only be **$20 for the visit**.

- I give consent for my child to receive dental cleaning. ☐ Yes ☐ No
- I give consent for my child to receive dental x-rays. ☐ Yes ☐ No

When was your child's last visit to a dentist?

_____ 0-6 months ago _____ 6-12 months ago _____ More than a year ago _____ Never

Does your child have a dentist they see regularly? ☐ Yes ☐ No If yes, who _____

Financial Arrangements

Students and staff may seek services at the Tiger Wellness Center. We will bill your insurance if that applies. The maximum out-of-pocket cost you will pay per visit is $20. This includes:

- Yearly medical exam (Well-child check)
- Sports physicals
- Vaccine visits
- All other medical visits
- Dental visits
- Behavioral health visits ($5)

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Please provide your student's **medical** insurance type/ Member ID	Please provide your student's **dental** insurance type/Member ID
☐ Medicaid # _____	☐ CHP+ DentaQuest # _____
☐ CHP+ # _____	☐ PrimeHealth+ Sliding Fee Discount Scale Card
☐ PrimeHealth+ Sliding Fee Discount Scale Card	☐ Uninsured (student does not have dental insurance)
☐ Uninsured (student does not have medical insurance)	☐ Private insurance name
☐ Private insurance name _____	ID # _____ Group # _____
ID # _____ Group # _____	Insured subscriber _____
Insured subscriber _____	Date of Birth _____ Relationship to student _____
Date of Birth _____ Relationship to student _____	

I have read, understand, and consent to the services offered by the Tiger Wellness Center. I understand that my child's attendance, vaccine records, basic information, and school schedule may be shared between school and integrated health center staff as allowed to provide quality care for my child. I hereby acknowledge that I have been offered a copy of the integrated health center's Notice of Privacy Practices. A copy of the Notice of Privacy Practices is available on the PrimeHealth+ website: PrimeHealthPlus.org.

I understand that the Colorado Department of Public Health and Environment (CDPHE) provides funding for the health services I receive at the integrated health center. CDPHE is legally able to receive information regarding services provided to patients. CDPHE receives combined data for all patients, and **this data does not identify any individual or patient-identifying information**.

I authorize PrimeHealth+/Tiger Wellness Center to bill and receive payment from my insurance and to provide any portion of my child's medical record as necessary to bill and receive payment for services from my insurance company.

I/We agree to the WWC enrollment requirements _____ Yes Please initial _____

Signature _____ Date _____