



NKN STUDENT HEALTH & WELLNESS CENTER

24705 US-101, Rockaway Beach, OR 97136
Mailing Address: PO Box 176, Wheeler, OR 97147
Telephone: 503-355-3500 | Fax: 844-720-1901

Received by: _____
Entered by: _____

Nehalem Bay Health Center (formerly known as Rinehart Clinic) is the medical sponsor for NKN Student Health & Wellness Center and operates according to the guidelines set forth by Oregon Law (Oregon Revised Statutes: 109.610, 109.640, 109.675, 109.680). All services will be provided by Nehalem Bay Health Center (NBHC) care team.

Today's date: _____

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Name (first, middle, last): _____ Preferred name: _____

SSN: _____ Gender: _____ Birthdate: _____ Preferred pronouns: _____

Mailing Address: _____

Physical Address (if different): _____

Home Phone: _____ May we leave a detailed message? Yes No

Cell Phone: _____ May we leave a detailed message? Yes No

Email Address: _____

Emergency Contact – Who should we contact in case of an emergency?

Name: _____ Relationship to you: _____

Primary phone: _____ Other phone number: _____

Do you have a primary health care provider? Yes No

If yes, please list your provider's name: _____

Would you like NKN Student Health & Wellness Center/NBHC to be your primary care provider? Yes No

PARENT/GUARDIAN INFORMATION (Only needed for minors under age 18.)

Mother's Name: _____ Phone: _____ Primary Language: _____

Interpreter Needed? Yes No

Father's Name: _____ Phone: _____ Primary Language: _____

Interpreter Needed? Yes No

Guardian's Name: _____ Phone: _____ Primary Language: _____

(If other than parent.)

Interpreter Needed? Yes No

Name: _____

DOB: _____

Date: _____

OTHER INFORMATION

Preferred Language: _____ Do you need an interpreter? Yes No

Are you visually impaired? Yes No

Are you hard of hearing? Yes No

Housing Situation – Please check the item or items that best describe your household:

Do you consider yourself homeless? Yes No

Currently not homeless, but have been in the last 12 months. Living with friends/family.

Living in a shelter. Street/Camp/Bridge. Living in transitional housing.

With whom do you live? Mother Father Both Mother and Father Other: _____

Race & Ethnicity

Ethnicity (please check one): Non-Hispanic Mexican, Mexican American, Chicano/a Cuban

Puerto Rican Another Hispanic/Latino/a or Spanish Origin Unknown I'd rather not answer

Race/Heritage (please check all that apply):

Alaskan Native American Indian Asian Indian Black/African American Chinese

Filipino Guamanian or Chamorro Japanese Korean Native Hawaiian Other Asian

Other Pacific Islander Samoan Vietnamese White Unknown I would rather not answer

Veteran Status: Have you ever served in the armed services? Yes No Would rather not answer

INSURANCE INFORMATION OF PERSON RESPONSIBLE FOR PAYMENT:

Do you have health insurance? No health insurance Oregon Health Plan Private Insurance

If you have health insurance, please fill out the following:

Insurance Company: _____ Group Number: _____

ID#: _____ Effective Date: _____

Policy Holder's Name: _____ Relationship to Patient: _____

Policy Holder's Birthdate: _____ Policy Holder's SSN: _____

Do you have any other medical insurance? Yes No If yes, please fill out the section below.

Insurance Company: _____ Group Number: _____

ID#: _____ Effective Date: _____

Policy Holder's Name: _____ Relationship to Patient: _____

Policy Holder's Birthdate: _____ Policy Holder's SSN: _____

Name: _____

DOB: _____

Date: _____

ACKNOWLEDGEMENTS

Please initial all boxes below to acknowledge that you have read or received the following:

_____ **Patient Rights and Responsibilities/Notice of Privacy Practices** – I acknowledge that I have received a copy of NKN Student Health & Wellness Center’s Patient Rights and Responsibilities/Notice of Privacy Practices.

_____ **Acknowledgement of Mandatory Reporting** – I understand that NKN Student Health & Wellness Center is required by law to report any unsafe situation to Child Welfare or law enforcement.

Patient Satisfaction Survey: Students between the ages of 12 and 19 who visit NKN Student Health & Wellness Center may be asked to complete an anonymous survey after their visit. The survey asks about the student’s satisfaction and experience at the health center, as well as some general questions about their physical and mental health status. Students can refuse to take the survey, and this will not affect their ability to get care at NKN Student Health & Wellness Center. To see a copy of the survey or if you have questions about the survey, please contact the School Based Health Center State Program Office at sbhc.program@dhsosha.state.or.us