

Did You Know?

Your child can receive **HEALTHCARE SERVICES** in school

Get to Know our School-Based Health Center Program

- Easy access to immediate, quality healthcare in a safe and convenient setting.
- The program is open to students of the **Scranton School District**. The District and The Wright Center partner to offer these services.
- As a safety-net provider, we provide care regardless of ability to pay.
- Parents are notified before students are seen. Parents do not need to be present for visits, but are encouraged to attend when possible.
- Our team will coordinate care with your child's Pediatrician. If your child does not have a Pediatrician, we can gladly step into that role.

You can enroll your child in each of the following programs:

Medical Care

Well Visits and Checkups | **Immunizations*** | Behavioral Healthcare | Nutrition Services | Sports Physicals | Sick Visits and Care for Sore Throat, Ear Pain, Asthma Flairs, Coughs, Colds, Flu, Allergies, Rashes and more

Dental Care

Oral Health Screenings | Cleanings | Sealants
Fluoride Treatments | Restorative Care

* Pennsylvania state guidelines changed in 2017. Children who do not meet the immunization, physical exam and dental requirements are not allowed to attend school.



Maggie Schlude, CRNP | Healthcare Provider

Visit us online:
thewrightcenter.org/SBHC

- Sign up for the program
- Meet our medical and dental teams
- Understand the new PA state health requirements for students
- Find answers to Frequently Asked Questions
- Watch a typical visit



Questions?
Get in touch!

Northeast Intermediate: (570) 591-5260
South Intermediate: (570) 591-5263
West Intermediate: (570) 591-5266

Patient Information

First Name:	Last Name:
Date of Birth:	Sex:
Race:	Ethnicity:
Primary Languages:	
School Name:	Grade:

Parent / Guardian / Emergency Contact information

First name:	Last Name:
Date of Birth:	Primary Languages:
Home Phone:	Cell Phone:
Email Address:	Confirm Email Address:
Street Address:	
City:	Zip:
Emergency Contact Name:	Relationship:
Home Phone:	Cell Phone:

Insurance Information

Does this patient have medical insurance?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Medical Insurance Name:		Medical Insurance ID #:		Medical Insurance Group #:				
Medical Insurance Phone:		Policy Holder Name:		Policy Holder Date of Birth:				
Does this patient have dental insurance?					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Dental Insurance Name:		Dental Insurance ID #:		Dental Insurance Group #:				
Dental Insurance Phone:		Policy Holder Name:		Policy Holder Date of Birth:				

Pharmacy Information

Pharmacy Name:
Pharmacy Address:

Primary Care Information

Does this patient have a primary care provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please list the primary care provider's name:				
If no, would you like The Wright Center to become the primary care provider?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Medical History

Does the patient have any medical conditions?		Yes		No
Does the patient take any medications?		Yes		No
Does the patient have any allergies to food, medications or local anesthetics?		Yes		No
Does the patient carry an EPI-PEN in case of allergic reaction?		Yes		No
Has the patient had any serious injuries?		Yes		No
Does the patient have a birth or heart defect or have a history of heart problems?		Yes		No
Has the patient ever been hospitalized overnight?		Yes		No
Has the patient had any prior surgeries?		Yes		No
Has the patient had any shunts placed or have an indwelling catheter?		Yes		No
Does the patient smoke or chew tobacco?		Yes		No

If you answered yes to any of the above, please comment:

Behavioral Health History

Has the patient ever had counseling services?		Yes		No
Has the patient ever experienced any of the following: Family Changes, School Issues, Social/Peer Stress, Anxiety, Anger Issues, Attention Difficulties, Sadness/Mood Swings, Truancy, Learning Disabilities or Recent Loss?		Yes		No

If you answered yes to any of the above, please comment:

Dental History

Does the patient have any pain or problems with their teeth?		Yes		No
Does the patient have any bleeding when brushing or flossing?		Yes		No
Has the patient had a cleaning within the last 6 months?		Yes		No
Does the patient need premedication with antibiotics prior to dental procedures?		Yes		No

If you answered yes to any of the above, please comment:

Parent/Guardian Consent & Signature

I give the patient consent to receive medical services:		Yes		No
I give the patient consent to receive behavioral health services:		Yes		No
I give the patient consent to receive dental services:		Yes		No

Signature:	Date:
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By signing, I understand and acknowledge that I have read and understand this consent and I have received TWC's Notice of Privacy Practices currently in effect. I also understand that this authorization is valid until I revoke this authorization. I understand I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I have received a copy of TWC's Rights and Responsibilities. I hereby authorize TWC to exchange health and education records with my child's school district for the purpose of providing care and treatment to my child, if applicable. I consent to the use or disclosure of my protected health information by TWC to any person or organization for the purposes of carrying out treatment, obtaining payment or conducting certain healthcare operations. Protected health information use or disclosed to TWC may include HIV/AIDS related information, psychiatric/mental health information, drug/alcohol treatment information, as long as such information is used or disclosed in accordance with Pennsylvania and Federal law, which may require you to provide specific authorization. I understand that information regarding how TWC will use and disclose my information can be found in TWC's Notice of Privacy Practices. I understand my consent is effective for as long as TWC maintains my protected health information. I recognize that health records if received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by Family Education Rights & Privacy Act.