

P.O. Box 226 • 321 Mitchell Avenue Batesville, IN 47006 Phone: 812.934.6624

## **SOUTH RIPLEY TELEHEALTH STUDENT INFORMATION**

Student Information						
Last Name:				Middle Initial:		
Date of Birth:	Social Security N	umber:	Gend	er: 🗖 Male 🗖 Female		
Address:		City:	State:	Zip Code:		
Home Phone:		Cell Phone:				
E-mail Address:		Preferred Language:				
Does your child have any spec						
Race: American Indian or Al Other:	askan Native 🗖 Asian ( Patient Refus		American 🗖 Whi	te 🗖 Unknown		
Ethnicity:   Hispanic or Latino	☐ Not Hispanic or Lat	ino 🗖 Other: 🔃	=	Patient Refuses		
Primary Care Provider:		<b>D</b> Patien	t does not have a	primary care provider.		
Pharmacy of Choice:			City:	State:		
<b>Emergency Contact</b>						
In case of emergency, please p	rovide a local friend or	relative (not living	at the same add	ress) we may contact.		
Last Name:				Middle Initial:		
Date of Birth:						
Insurance Information - Guara	antor Responsible for E	Bill				
Last Name:	<del>-</del>			Middle Initial:		
Date of Birth:			Gend	ler: 🗖 Male 🗖 Female		
Address:		City:	State:	Zip Code:		
Home Phone:		Cell Phone:				
Name of Primary Insurance Co	ompany:					
Insurance ID #:		Date of Birth:				
Policy Holder Last Name:				Middle Initial:		
Employer:		Employment Sta				
Patient's Relationship to Subsc	riher:					

with coverage options or to enroll in MMH's financial assistance program.  Mother/Guardian:	Name of Secondary Insurance Company:						
Employer:	Insurance ID #: Group #:			Date of Birth:			
Patient's Relationship to Subscriber:  Medicaid ID #, if applicable:  Who does the child live with most of the time?  My coverage options or to enroll in MMH's financial assistance program.  Mother/Guardian:  Phone Number:  Father/Guardian:  Phone Number:  Father/Guardian:  Phone Number:  Medication History Does your child have any allergies to medications?  Yes  No If yes, explain:  Does your child take any regular medications (Over the counter or prescription)?  Yes  No If yes, list dose and frequency:  Review of Systems  Any lung problems?  Yes  No If yes, explain:  Any heart problems?  Yes  No If yes, explain:  Any benefuring problems?  Yes  No If yes, explain:  Any benefurous system problems?  Yes  No If yes, explain:  Any skiney/urinary/genital problems?  Yes  No If yes, explain:  Any skiney/urinary/system problems?  Yes  No If yes, explain:  Any skin problems?  No If yes, explain:  Any skin problems?  No If yes, explain:  Any eye/ear/nose/throat problems?  Yes  No If yes, explain:  Hospitalizations and Surgeries  Has your child been hospitalized?  Yes  No If yes, explain:  Medical History  Has your child seen a sub-specialist?  Yes  No If yes, explain:  Any developmental concerns or learning problems?  Yes  No If yes, explain:  Any behavioral problems or eating disorders?  Yes  No If yes, explain:  Any behavioral problems or eating disorders?  Yes  No If yes, explain:  Any medical issues we should be aware of?  Yes  No If yes, explain:  If your child has a telehealth visit, a summary of the clinical visit will be available on Margaret Mary's Patient Portal.							
Medicaid ID #, if applicable:  Who does the child live with most of the time?  My child does not have health coverage. I would like a ClaimAid representative to contact me to assist with coverage options or to enroll in MMH's financial assistance program.  Mother/Guardian: Phone Number:  Father/Guardian: Phone Number:  Medication History Does your child have any allergies to medications?  Yes No If yes, explain:  Does your child take any regular medications (Over the counter or prescription)?  Yes No If yes, list dose and frequency:  Review of Systems Any lung problems?  Yes No If yes, explain: Any heart problems?  Yes No If yes, explain: Any heart problems?  Yes No If yes, explain: Any bene/muscle problems?  Yes No If yes, explain: Any bone/muscle problems?  Yes No If yes, explain: Any skidney/urinary/genital problems?  Yes No If yes, explain: Any system child bad any surgeries?  Yes No If yes, explain: Any our child had chicken pox?  Yes No If yes, when: Any developmental concerns or learning problems?  Yes No If yes, when: Any developmental concerns or learning problems?  Yes No If yes, explain: Any behavioral problems or eating disorders? Yes No If yes, explain: Any behavioral problems or eating disorders? Yes No If yes, explain: Any medical issues we should be aware of? Yes No If yes, explain: Any medical issues we should be aware of? Yes No If yes, explain: Any medical issues we should be aware of? Yes No If yes, explain:	Employer:	Employment Status:					
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Phone Number:	with coverage options or to enroll in MMI	l's finan	icial ass	istance program.			
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Yes   No If yes, explain:							
Yes   No If yes, explain:	Does your child take any regular medications (	Over the	e count	er or prescription)? $\Box$	Yes 🗖 No		
Any lung problems?   Yes   No If yes, explain:				• • • • •			
Any lung problems?							
Any heart problems?	Any lung problems?		Yes 🗖	No If yes, explain:			
Any kidney/urinary/genital problems?   Yes   No If yes, explain:	Any heart problems?						
Any bone/muscle problems?	Any kidney/urinary/genital problems?		Yes 🗖	No If yes, explain:			
Any gastrointestinal problems?	Any bone/muscle problems?		Yes 🗖	No If yes, explain:			
Any skin problems?   Yes   No If yes, explain:	Any gastrointestinal problems?		Yes 🗖	No If yes, explain:			
Any skin problems?	Any brain/nervous system problems?	_					
Any eye/ear/nose/throat problems?	Any skin problems?						
Has your child been hospitalized?  Has your child had any surgeries?  Medical History  Has your child had chicken pox?  Has your child seen a sub-specialist?  Any developmental concerns or learning problems?  Any behavioral problems or eating disorders?  Any medical issues we should be aware of?  If your child has a telehealth visit, a summary of the clinical visit will be available on Margaret Mary's Patient Portal.  Yes! I want to enroll in Margaret Mary's Patient Portal.	Any eye/ear/nose/throat problems?		Yes 🗖				
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Patient Portal.  The Yes! I want to enroll in Margaret Mary's Patient Portal.		_					
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	Parent/Guardian Signature:			5	lata.		