At Primary Care Clinic

- At Tigard SBHC
  - Completes Fax form to faxes COVER and ROI forms
    - For Olson – Fax # :
    - For PANW – Fax #:

If FYI ONLY is checked — what is workflow to notify PCP of the document

If CALL SBHC PROVIDER is checked –
  - How will PCP/CC be notified of this flag
  - Who will call (CC or PCP)
  - What is the turn around for a call

As Needed:
  - How is ROI/consent collected from adolescent at Primary Care Clinic to share information with family
  - What form will be used?
  - Process for informing SBHC of sharing information

Training for All Staff Who Will Touch Forms
- Topics Covered:
  - What is project
  - What is form
  - What are possible follow up steps from the fax form
  - Education on confidentiality concerns AND need for ROI/Consent on any information collected if planning to talk to family (then need to notify SBHC)

TEEN REFERED TO MAKE APPT WITH PCP:
- Notify scheduler for follow up

TEEN REFERED TO Another Provider:
- What is the workflow to add to chart
- What is the follow up plan
- How will PCP be notified

TEEN in crisis:
- Who will SBHC call?
- What is the number:

Physical Health (within scope)
- Well Visit
- Sports Physical
- Immunizations
- Complicated/repeat visits (3+ visits for same issue)
- Eating disorder
- Positive pregnancy test
- Neglect/Abuse
- Med Management
- Need for birth control
- General flags/concerns within school (ex. Recent suicide)

Mental Health (within scope)
- 1 or more visits for MH
- Med changes

Done

Where is it scanned in chart

Is Pt within scope?

NO

YES

At check in, patient identifies Olson/PANW as PCP at check in

Patient Has Visit
**CONFIDENTIAL COMMUNICATION**
Virginia Garcia’s Tigard High – School Based Health Center
PLEASE ATTACH ROI/CONSENT FORM

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Insurance: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Assigned Patient - Needs to establish care ☐ New patient - Needs to establish care</td>
</tr>
<tr>
<td>Date of Visit at Tigard HS SBHC:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Seen:</td>
<td></td>
<td>☐ Elizabeth Pruett, PNP ☐ Gina Batliner, MA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information for Youth:</th>
<th>Phone: ____________________________</th>
<th>☐ Did not consent to release phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider Identified:</td>
<td>____________________________</td>
<td>☐ Did not know provider name</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary of Visit</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Provider</strong></td>
<td>☐ Physical health provider</td>
<td>☐ Mental Health Provider</td>
</tr>
<tr>
<td><strong>Type of Visit</strong></td>
<td>☐ Well Visit</td>
<td>☐ Mental health assessment</td>
</tr>
<tr>
<td></td>
<td>☐ Sports Physical</td>
<td>☐ Follow-up to referral from PCP</td>
</tr>
<tr>
<td></td>
<td>☐ Immunizations</td>
<td>☐ Other:</td>
</tr>
<tr>
<td></td>
<td>☐ ED Follow-Up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Sick-Visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Follow-up to referral from PCP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Visit</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Problem List and/or Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medications Noted by Teen</strong></td>
<td>☐ None</td>
<td>☐ None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Results of Labs and Positive Screens</strong></td>
<td>☐ None</td>
<td>☐ None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-Up Steps Needed</strong></td>
<td>☐ FYI ONLY – No follow up needed</td>
<td>☐ FYI ONLY – No follow up needed</td>
</tr>
<tr>
<td></td>
<td>☐ Call SBHC provider</td>
<td>☐ Call SBHC provider</td>
</tr>
<tr>
<td></td>
<td>☐ Teen referred to make appt with PCP</td>
<td>☐ Teen referred to make appt with PCP</td>
</tr>
<tr>
<td></td>
<td>☐ Teen referred to another provider</td>
<td>☐ Teen referred to another provider</td>
</tr>
<tr>
<td></td>
<td>Who:</td>
<td>Who:</td>
</tr>
<tr>
<td></td>
<td>☐ Other:</td>
<td>☐ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Information For Provider</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Fax #: (503) 431-5776

DRAFT 5/11/16
CONFIDENTIAL COMMUNICATION
Virginia Garcia's Tigard High – School Based Health Center
PLEASE ATTACH ROI/CONSENT FORM

Name: ____________________________
DOB: _____________________________
Insurance: __________________________
Date of Visit at PANW: __________________________
Provider Seen: __________________________

<table>
<thead>
<tr>
<th>Referral Form from Pediatric Associates of the Northwest to Tigard HS SBHC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Referring To</strong></td>
</tr>
<tr>
<td><strong>Relevant Problem List and/or Diagnosis</strong></td>
</tr>
<tr>
<td><strong>Relevant Medications for Referral</strong></td>
</tr>
<tr>
<td>☐</td>
</tr>
<tr>
<td><strong>Reason for Referral to Tigard SBHC</strong></td>
</tr>
<tr>
<td>☐ Meningococcal Booster</td>
</tr>
<tr>
<td>Booster needed on:</td>
</tr>
<tr>
<td>☐ BP check</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Information For SBHC Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Call PANW Provider:</td>
</tr>
<tr>
<td>_____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Requested Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No follow up needed</td>
</tr>
<tr>
<td>☐ If you are unable to get them in by: (insert date)</td>
</tr>
<tr>
<td>☐ Summary of Visit</td>
</tr>
<tr>
<td>☐ No follow up needed</td>
</tr>
<tr>
<td>☐ If you are unable to get them in by: (insert date)</td>
</tr>
<tr>
<td>☐ Summary of Visit</td>
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