

HEALTH INFORMATION SHARING

Date: _____

From Primary Care Providers to School Staff

This 2-page fillable form is a communication tool for primary care providers to share information with the student's school staff. The school has a similar tool for the school staff to share information back to you. The categories identify key information that the school staff are interested in learning about the student. Please pass the completed form to the student's parents or guardian to bring to the school staff to ensure confidentiality policies are met.

STUDENT INFORMATION

Student name: _____ School: _____

Does the student consent to share this information: (☐ Yes / ☐ No)

Name of parent/guardian: _____ Is parent/guardian aware of communication? (☐ Yes / ☐ No)

Name of VSB Staff (if known): _____

PHYSICIAN CONTACT

Physician Name: _____ E-mail: _____

Phone: (Office) _____ (Cell) _____ (Fax) _____

Preferred method of contact: (☐ Office / ☐ Cell / ☐ Fax / ☐ E-mail)

Preferred days/hours to call: M / T / W / TH / F Hours: _____

Last date of contact with youth: _____ Next scheduled appointment: _____

Please tick: ☐ I would like to be contacted. ☐ This is for information only.

☐ Physician has no information on this student.

Student's presenting symptoms:

Family concerns:

Diagnosis:

Treatment Plan:

	ONGOING	NEW	NEEDED	COMMENTS
Medications				

	ONGOING	NEW	NEEDED	COMMENTS
Allied Health <input type="checkbox"/> BI* <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> SLP** <input type="checkbox"/> Counseling <input type="checkbox"/> Other <small>* Behavior Interventionist</small> <small>**Speech Language Pathologist</small>				
Other Physicians (please select): <input type="checkbox"/> Mental Health Team <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Other Specialists: _____				

Other recommendations and/or important information:

TIP for physicians. Please do not recommend specific supports or programs at VSB. This is for the VSB staff to determine.

Questions for VSB staff:

Next Steps:

Attached Documents: (☐ Yes / ☐ No)