HEALTH INFORMATION SHARING

Date: _____

From School Staff to Primary Care Providers

This 2-page fillable form is a communication tool for the student's school staff to share information with the primary care provider. If you are a school teacher, counselor, or any school staff working with a student and have concerns or questions about the student's behavior that warrants involvement of the student's family physician, please complete this form. Please consult school board policies on how to forward this form to primary care provider.

STUDENT INFORMATION

Student name: _____   **School**: _____

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

PREFERRED SCHOOL CONTACT

Name: _____   **Role**: _____

Work Phone: _____   **Cell:** _____   **E-mail:** _____

Preferred method of contact, please select: (☐ Work / ☐ Cell / ☐ 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.

☐ **School staff has no information on this student.**

ALTERNATE SCHOOL CONTACT

Name: _____   **Role**: _____

Work Phone: _____   **Cell:** _____   **E-mail:** _____

Preferred method of contact, please circle: (☐ Work / ☐ Cell / ☐ 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.

OTHER INFORMATION

Specific questions or concerns regarding student:

Has the student's family expressed any specific concerns?

*Last updated on: March 5th, 2019   For the providers to school staff form, please visit: **https://bit.ly/2lOp4Pk***

OTHER INFORMATION

Observable behaviors:

<center>(Tip for school staff: Please focus on observable behaviors rather than diagnosis).</center>

Previous known diagnoses:

Impact on school: ☐ Attendance   ☐ Grades   **Is the student attending school?** (☐ Yes / ☐ No)

CURRENT SUPPORTS

School based supports: (Frequency)

                                                                    (Frequency)

                                                                    (Frequency)

Out of school supports:

What supports might the student benefit from?

Other comments, questions, and/or important information:

Attached Documents: (☐ Yes / ☐ No)