EAST JORDAN WELLNESS CENTER
Minor Confidential Services Consent

HEALTH DEPARTMENT of Northwest Michigan
1-800-432-4121

Child/Adolescent Name	Birth Date	Age	Gender	Grade	School

Street Address	Mailing Address (PO Box)	City	Zip Code	Home Phone Number

Race (Optional) ❒ White ❒ Black ❒Asian ❒American Indian ❒ More Than One ❒ Other

Ethnicity (Optional) ❒ Non-Arabic/Non-Hispanic ❒Hispanic ❒Arabic

Mother Last Name	Mother First Name	Father Last Name	Father First Name

Guardian Last Name (if different than mother/father)	Guardian First Name (if different than mother/father)	Relationship To Student

Daytime Telephone Number	Evening Telephone Number	Cell Phone/Pager	E-Mail Address

Name of Emergency Contact (other than parent/guardian)	Relationship	Telephone Number

Name of Student's Physician or Clinic	Physician or Clinic Telephone Number	Name of Student's Dentist

Name of Pharmacy	Pharmacy Telephone Number

1. Would you like information from our staff regarding:	
Options for health insurance?	❒Yes ❒No
Finding a health care provider (doctor or nurse practitioner)?	❒Yes ❒No
Finding a dentist?	❒Yes ❒No
2. Are you concerned about your income meeting the basic needs of your family?	❒Yes ❒No

Please circle your concerns: Food Clothing Housing Paying for bills for heat and water Transportation to medical or school appointments

If you answered YES to any of the above, a member of our staff will contact you

Is there anything else you would like us to know about you?

_____

_____

MINOR CONSENT

Confidential Services:

Under Michigan law, I understand that minors may without parental consent, receive advice, testing and/or treatment for substance abuse, family planning counseling services; sexually transmitted diseases, HIV, and mental health services, which are defined as Confidential Services.

I further understand that minors above the age of 14 years can, without parental consent, obtain limited outpatient mental health services not to exceed 12 visits over four months and not to include any medications. I understand that the counselor treating me may notify my parent or guardian without my permission if someone is hurting me or I am hurting myself or someone else, or if I have a plan to hurt myself or someone else, or if it is seen to be in my best interest. In those cases, the counselor will try to inform me of their duty to notify my parents before informing them.

If I am seeking information or intervention about one of the confidential services, I understand that I can seek care related to these issues at the East Jordan Wellness Center.

I have read and understand the above information and sign it freely and voluntarily.

By signing this form I agree to the following:

- **I have reviewed and understand the Confidential Services offered by the East Jordan Wellness Center. I give my consent to receive the services described above until age 18. I understand it is not necessary to renew my consent yearly. I further authorize the East Jordan Wellness Center to release information regarding treatment to the following: East Jordan Wellness Center staff, its subcontractors, and other health care providers when needed to coordinate care and school staff when needed to coordinate services. I understand I may withdraw my consent for services at any time upon written notice.**
- **I received a copy of the Health Department of Northwest Michigan's *Notice of Privacy Practices* brochure.**
- **I have completed the enclosed *Student and Family Health History* form on the back side of this form.**
- **I understand there will be no charge or billing for this service.**

Consent to Photograph

I, the undersigned, authorize photographs to be taken of me/my child for the East Jordan Wellness Center. I further authorize the East Jordan Wellness Center to use any such photographs for the purpose of illustrations or publications.

_____ _____

(DATE) (Printed Name and Birth Date)

_____

(Signature)

_____

(Witness Signature)

Please return completed form to:

East Jordan Public Schools
PO Box 399, 101 Maple Street
East Jordan, MI 49727
Rebecca Litzner, LMSW
(231) 536-2204
Amber Southerton, LMSW
(231) 536-7564
Alice Thumser, School Nurse
(231) 536-2269
Fax (231) 536-3536

The East Jordan Wellness Center is operated by East Jordan Public Schools and the Health Department of Northwest Michigan, with major funding from the Michigan Department of Health and Human Services and Michigan Department of Education.

CLIENT AND FAMILY HISTORY FORM

Allergy (Medicine, food, environment)	Reaction/Severity

Medication/Prescription/Vitamins	Dose	Frequency	Route	Who prescribed this medication?	Reason

Last Complete Physical Exam _____ Last Dental Exam _____

CLIENT AND FAMILY MEDICAL HISTORY – Please check which family member has/had these conditions.

Disease/Condition	Client	Mother	Father	Sibling	Grand-parent	Other	Comment
Addiction – Type:	☐	☐	☐	☐	☐	☐	
Anemia	☐	☐	☐	☐	☐	☐	
Autoimmune disorder	☐	☐	☐	☐	☐	☐	
Birth defects	☐	☐	☐	☐	☐	☐	
Blood/Bleeding disorders	☐	☐	☐	☐	☐	☐	
Cancer	☐	☐	☐	☐	☐	☐	
Death Under Age 50 - Cause:	☐	☐	☐	☐	☐	☐	
Developmental Disability	☐	☐	☐	☐	☐	☐	
Diabetes	☐	☐	☐	☐	☐	☐	
Eating disorders/Special diet/Pica	☐	☐	☐	☐	☐	☐	
Endocrine/Thyroid	☐	☐	☐	☐	☐	☐	
Gastrointestinal disorders	☐	☐	☐	☐	☐	☐	
Genetic abnormalities	☐	☐	☐	☐	☐	☐	
Heart disease	☐	☐	☐	☐	☐	☐	
Hepatitis/Liver disease	☐	☐	☐	☐	☐	☐	
High Cholesterol	☐	☐	☐	☐	☐	☐	
Hypertension	☐	☐	☐	☐	☐	☐	
Immune Suppression/HIV/AIDS	☐	☐	☐	☐	☐	☐	
Kidney/Urinary disease	☐	☐	☐	☐	☐	☐	
Mental Retardation/Learning Disorder	☐	☐	☐	☐	☐	☐	
Musculoskeletal disorders	☐	☐	☐	☐	☐	☐	
Neurologic disorder/Seizures	☐	☐	☐	☐	☐	☐	
Obesity BMI > 95%	☐	☐	☐	☐	☐	☐	
Overweight BMI 85%-94%	☐	☐	☐	☐	☐	☐	
Physical/Sexual/Verbal/Domestic Abuse	☐	☐	☐	☐	☐	☐	
Psychiatricdisorders/ Depression/Suicide - Specify	☐	☐	☐	☐	☐	☐	
Pulmonary/TB/Asthma - Specify	☐	☐	☐	☐	☐	☐	
Skin disorder - Specify	☐	☐	☐	☐	☐	☐	
Stroke	☐	☐	☐	☐	☐	☐	
Source of family history	☐	☐	☐	☐	☐	☐	
Unknown family history	☐	☐	☐	☐	☐	☐	
Other relevant patient or family history	☐	☐	☐	☐	☐	☐	

CLIENT HISTORY – Please check if your child has had/does have any of these conditions.

Condition	Date of Onset	Comment
ADD/ADHD		
Anaphylaxis		
Autism		
Back injuries		

CLIENT HISTORY (cont.)

Backaches		
Bladder conditions		
Fainting		
Food allergies - Specify		
Frequent sore throat		
Frequent urination		
Problems with head, eyes, ears, nose, or throat		
Headaches		
Hearing problems		
Heart abnormalities/Murmurs		
Hernias		
Mental Health Conditions		
Nosebleeds		
Painful joints		
Pneumonia		
Problems with childhood vaccines		
Psycho-Social problems		
Rheumatic Fever		
Seasonal Allergies		
Secondhand smoke		
Shortness of breath		
Skin conditions		
Vision problems		
Other:		
Substance Use		
Alcohol		
Chew/Tobacco		
Cigarettes		
Cocaine		
Marijuana		
Other:		
Surgery/Hospitalizations		
Adenoids removed		
Appendectomy		
Asthma Exacerbation		
Ear tubes		
Fracture		
Head injury/Concussion		
Heart Surgery		
Premature birth		
Tonsillectomy		
Trauma		
Other:		

Reviewed with client _____ _____
Initials Date

Please return completed form to:

East Jordan Public Schools
PO Box 399, 101 Maple Street
East Jordan, MI 49727
Rebecca Litzner, LMSW
(231) 536-2204
Amber Southerton, LMSW
(231) 536-7564
Alice Thumser, School Nurse
(231) 536-2269
Fax (231) 536-3536

The East Jordan Wellness Center is operated by East Jordan Public Schools and the Health Department of Northwest Michigan, with major funding from the Michigan Department of Health and Human Services and Michigan Department of Education.