

## WINSLOW INDIAN HEALTH CARE CENTER DATABASE

NAME (LAST, FIRST, MIDDLE)				OTHER NAMES USED(MAIDEN NAME)			WIHCC NO.		EX M	F			
BIRTH DATE	PLAC	PLACE OF BIRTH (CITY, STATE)				. ** 1	SOCIAL-SECURITY NO.		MARI	FAL STAT		NTERNET mail Addre	
CURRENT COMMUNITY DATE MOVED					LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)								
MAILING ADDRESS				•		C	TTY/STATE ZIP CODE						
HOME PHONE NUMBER MESSAGE					PHONE NUMBER W			Wo	ORK PHONE NUMBER				
INDIAN BLOOD QUANTUM		TRIBE OTHER TRIBE			DEGRE		)E	CENSUS				CIB Y	N
									LIGION				
FATHER'S NAME					CITY OF BIRTH		STATE OF BIRTH						
MOTHER'S MAIDEN	NAME				CITY	OF B	IRTH	STATE OF BIRTH					
EMPLOYER(IF APPI	LICABLE)						SPOUSE'S EMPL	OYER(IF A	PPLICAL	BLE)			
EMPLOYER'S ADDR	RESS						SPOUSE'S EMPLOYER'S ADDRESS						
EMPLOYER PHONE	NUMBER				-		SPOUSE'S EMPLOYER PHONE NUMBER						
IF YOU ARE UNEMI	PLOYED, I	LEASE	GIVE	OURCE OF IN	COME				-				
UNEMPLOY		- AND STREET,	ETIRE	The state of the s	CONTRACTOR OF THE PARTY OF THE	SSB				OTHER	The second secon		
NAME OF EMPLOY	ER (FATH	ER)18 &	UNDE	R	EMPLO	YER.	ADDRESS	ar and a second	EMPLO	YER TEL	EPHONE	NUMBER	
NAME OF EMPLOY	ER (MOTE	IER)18	& UND	ER	EMPLO	YER	ADDRESS		EMPLO	YER TEL	EPHONE	NUMBER	
EMERGENCY CONT	TACT PER	SON			ison out meaning		NEXT OF KIN C	ONTACT P	ERSON				
RELATIONSHIP PHONE NUMBER				RELATIONSHIP PHONE NUMBER									
ADDRESS						:	ADDRESS					200/107	
				HE	ALTH II	SUR	ANCE INFORMAT	ION					
DO YOU HAVE MEDICARE COVERAGE?				YES	NO	DO YOU HAVE COVERAGE?	RAILROAD RETIREMENT			YES	NO		
DO YOU HAVE AHCCCS (MEDICAID)?				YES	NO	DO YOU HAVE	PRIVATE I	IVATE INSURANCE COVERAGE?		YES	NO		
MILITARY SERVIC	E?	YES	NO	BRANCH		(	CLAIM NUMBER	ENT	RY DATE		SEPAR	ATION DA	TE
VIETNAM VETERA	N?				YES	NO	SERVICE CON	NECTED?			A CONTRACTOR OF THE PARTY OF TH	YES	NO
HOUSEHOLD INFO	RMATION	: How	many fa	mily members in	your ho	useho	ld – including child	ren?					
I authorize Winslow claims. I authorize r payments and deduct collections.	ny insuran tibles will l	ce comp be reque	any to ested at	r to release any pay medical ber the time of ser	medica efits dir	infor	to Winslow Indian and that I will be	necessary to Health Care	Center. I	flaman	on-benefic	iary, I und	erstand co-
SIGNATURE OF PA	TIENT, PA	RENT	UR GU	ARDIAN			DATE						

REVISED: 01/09/19 Phone: (928) 289-4646 Fax: (928) 289-9063

### **Patient Medical History- Mobile Dental Clinic**

### WIHCC WINSLOW INDIAN HEALTH CARE CENTER

Name:	(Last, Fir	st Middle) Please Print*	Date of Bir	:h:	School Name:				
Have yo	u been a	a patient in the hospital within the last two years? If YES, please write	e specifics of visit / admi	tance.					
Please I	ist any m	nedications and/or substances / drugs that you are now taking, or ha	ve taken in the last year.	Please be	specific.				
		PLEASE ANSWER EACH QUESTION	WITH SPECIFIC STATI	MENT					
YES	NO.	Are you allergic to any medications? Please list items:							
YES	NO.	Heart Murmur or other Heart condition	Date of Diagnosis	<u>:                                    </u>					
YES	NO.	Heart Valve Replacement Surgery or Heart Surgery	Heart Valve Replacement Surgery or Heart Surgery Date of Surgery:						
YES	NO:	Epilepsy or Seizures							
YES	NO	Do you have Diabetes? Have you taken your medication(s) today?							
YES	NO	Artificial Joint Which joint?							
YES	NO	Asthma							
YES	NO.	Sinus Trouble		15.2					
YES	NO	Kidney Disease or Dialysis			FEMALES ONLY				
YES	NO.	Cancer or Tumors							
YES	NO.	Hepatitis or Liver Disease	YE		Are you Pregnant?				
YES	NO	Blood Transfusions	YI		Are you on Birth Control?				
YES	NO.	Have you ever had any severe or uncontrolled bleeding?  Date of last Menstrual Period:							
YES	NO	Have you been exposed to the AIDS Virus?							
YES	NO	Do you use alcohol or tobacco?							
YES NO Do you have any concerns about receiving Dental treatment?									
Please	list any	y other medical conditions that you may have:		·	44.00, 414				
by th photo publi	e WIHO ograph cation	Release is for the use of Winslow Indian Health Care CC now or anytime in the future. WIHCC may also us n(s), or use my name in an accompanying article relas.	se and/or publish r ted to the photogr	ny name aph, or a	in conjunction with this/these				

#### WIHCC DENTAL CONSENT FORM

Preventative Restoration, Standard Restorations, Fluoride Varnish Program, Periodontal Programs and Emergency dental services are available as needed. If emergency treatment is necessary informal consent will also be obtained from the child's legal guardian (parent, school, representative, etc.)

We participate in School Externship/Residencies; Dental Students & Hygiene Students may see you.

The above answers are true to the best of my kno routine care such as examinations, x-rays, cleaning		nsent for myself or my other type of dental c		
Signature or Thumbprint, Parent or Legal Guardian:			Date:	
Signature of Dentist:		<del>,</del>	Date:	
	9 9 9			***

Phone: 928-289-6116

# WINSLOW UNIFIED SCHOOL DISTRICT NO. 1 OPEN ENROLLMENT APPLICATION

Student's Name	е			
	First	MI	Last	
Grade Level	for school year		Birth Date	_
Student Physic	al Address			
Student Mailing	Address			
Parent's Name				
	First	MI	Last	
Parent's Cell #		Parer	nt's Work #	
Parent's Email	Address			
Student's Prese	ent School of Attendance			
		School Name	City	
Request assign	ment to			
If high	school, how many credits h	as student earned		
□Yes □No □Yes □No □Yes □No	Expelled or long-term susp Currently subject to expuls Currently subject to any fo Receiving, or being conside	ion or long-term suspe rm of disciplinary actio ered for any special ser	nsion from a school or school on in any school or school district	ct?
The following of	conditions apply to the open	n-enrollment program:		
<ul> <li>Transpo except</li> <li>Providir revoked abide b enrollm status.</li> <li>On or b</li> </ul>	ortation for open enrollment as provided by the studenting false information on thised. The parent/guardian sign by the rules and regulations tent. Failure to comply with	It students may be the 's IEP or 504 Plan, if ap form will result in the ning this application aff that govern students an school and District ruler legal guardian will be	the school and/or its grade lever responsibility of the parent or opplicable. Application being denied or adfirms that the student seeking of at the school where the student less could lead to revocation of the notified in writing whether the	legal guardian, mission being enrollment will at seeks open enrollment
Signature of Pa	arent or Legal Guardian		Date_	

Student Name		
FOR OFFICE USE ONLY		
Student Attendance at current school		
Discipline(s) at current school		
Special Services status confirmed		
Other Notes		
Above information verified by	Date	
□Accepted □Placed on Waiting List	□Rejected	
Reason for rejection		
Signature of Principal	Date	
Notification letter □mailed □emailed to parent/guardian		
	Date	
Dorm Notification to	Date	