

**Division of Public & Behavioral Health/Bureau of Child, Family and Community
Certified School-Based Health Center Program**

Data collection starts when certified - report period at 6 & 12 months from certification

Year to Date (YTD) = cumulative #s (i.e use 6 month totals in 1st report, then use 6 & 12 month totals for

Name of SBHC _____

Reporting Period _____ to _____

| Individual's by Insurance Status | Uninsured (YTD) | Medicaid (YTD) | Private (YTD) | Unknow |
|---|------------------------|-----------------------|----------------------|---------------|
| | | | | |

**1) Individuals, by Sex
Year to Date**

| | |
|---------------|-------|
| Female | _____ |
| Male | _____ |
| Total* | 0 |

**2) Total # of Visits, by Sex
Year to Date**

| | |
|----------------|-------|
| Female | _____ |
| Male | _____ |
| Total** | 0 |

**3) Individuals, by Age
Year to Date**

| | |
|---------------|-------|
| Ages 0-4 | _____ |
| Ages 5-10 | _____ |
| Ages 11-15 | _____ |
| Ages 16-20 | _____ |
| Ages 20+ | _____ |
| Total* | 0 |

4)

**Individuals, by Race
Year to Date**

| | |
|----------------------------|---|
| Asian | |
| African-American/Black | |
| Hispanic | |
| Hawaiian/ Pacific Islander | |
| Native American/Eskimo | |
| White, Non-Hispanic | |
| Other: insert race | |
| Other: add line(s) | |
| Total* | 0 |

5)

Lab Services

Total # of Labs

| | |
|--------------------|---|
| Blood glucose | |
| Hgb &/Hct | |
| Strep Throat | |
| Urinalysis | |
| Other: insert name | |
| Other: insert name | |
| Other: insert name | |
| Other: add line(s) | |
| Total | 0 |

6)

Visits by Provider

YTD

| | |
|-----------------------------|---|
| Mental/Beh. Health Provider | |
| Nurse | |
| Nurse Practitioner | |
| Physician Assistant | |
| Physician | |
| Other: insert name | |
| Other: add line(s) | |
| Total** | 0 |

7)

Immunization

YTD

| | |
|----------------|--|
| CPOX | |
| DTaP | |
| DTaP-Hep B-IPV | |
| DTaP-IPV-Hib | |
| Hep A | |
| Hep B | |
| Hep A - Hep B | |

| | |
|--------------------|---|
| Hib | |
| HPV | |
| Influenza | |
| IPV | |
| MCV4 | |
| MMR | |
| MMRV | |
| PCV-13 | |
| Rotateq | |
| Td | |
| Tdap | |
| Other: insert name | |
| Other: add line(s) | |
| Total | 0 |

| 8) Health Visits by Type | YTD |
|---------------------------------|------------|
| Asthma | |
| Camp physicals | |
| Diabetes | |
| Health Education | |
| Obesity | |
| Referral | |
| Sick visit | |
| Sick visit follow-up | |
| Sports Physicals | |
| Well-child visit | |
| Other: insert name | |
| Other: insert name | |
| Other: insert name | |
| Other: insert name | |
| Other: add line(s) | |
| Total** | 0 |

| 9) Visits by Diagnosis Category | YTD |
|--|------------|
| Infectious & Parasitic Diseases | |
| Neoplasms | |
| Endocrine, Metabolic, Immunity | |
| Blood | |
| Nervous System & Sense Organs | |
| Circulatory System | |
| Respiratory System | |
| Digestive System | |
| Genitourinary System | |

| | |
|---|---|
| Complications of Pregnancy,Childbirth | |
| Skin & Subcutaneous Tissue | |
| Musculoskeletal System | |
| Congenital Anomolies | |
| Conditions of the Perinatal Period | |
| Symptoms, Signs & Ill-Defined Cond. | |
| Injury & Poisoning | |
| Environmental Events as Cause of Injury | |
| Preventive Health, Observation, Exams | |
| Psychosocial & Economic Circumstances | |
| Miscellaneous | |
| Health Education | |
| Total | 0 |

(9) + (10) = ** totals

| 10) Mental Health by Diagnosis | YTD |
|---|------------|
| Acute reaction to stress, adjustment | |
| Alcohol & drug dependence | |
| Anxiety, dissociative, somatoform disorders | |
| Developmental delays | |
| Emotion, conduct disorder, hyperkinetic | |
| Personality & gender identity disorders | |
| Physiological malfunction from mental | |
| Screening for mental, developmental | |
| Other: insert name | |
| Other: add line(s) | |
| Total | 0 |

(9) + (10) = ** totals

| 11) Referrals | |
|----------------------------|--|
| After School Programs | |
| After School Tutoring | |
| Child Protection | |
| Community Health Center | |
| Community Resources | |
| Dental | |
| Developmental Disabilities | |
| Diagnostic Tests | |
| Emergency Room | |
| Family Support | |
| Hearing | |

| | |
|-----------------------------|----------|
| In School Programs | |
| Laboratory Tests | |
| Mental/Beh. Health Off-Site | |
| Medical Specialist | |
| Other Assistance Programs | |
| Primary Care Facility | |
| Substance/Alcohol Abuse | |
| Other: insert name | |
| Other: insert name | |
| Other: add line(s) | |
| Total | 0 |

| 12) Medications Given | YTD |
|------------------------------|------------|
| Individuals Given Medication | |
| Medications by Diagnosis | |
| ADD/ADHD | |
| Asthma | |
| Antibiotics | |
| Anti-inflammatories | |
| Cough/Throat | |
| Ear Drops | |
| Eye Drops | |
| Pain Relief | |
| Topicals | |
| Other: insert name | |
| Other: insert name | |
| Other: add line(s) | |
| Total | 0 |

* Asterisked totals must match each other

** Asterisked totals must match each other

Wellness

2nd report)

in (YTD)

Total*

| | |
|--|--|
| | |
|--|--|