Mobile Community Health &Wellness Services
Registration Form

Organization Information

Organization: **Paramount Unified School District** Contact Name: **Lisa Kirk**

Contact Phone Number: 562-602-6035 Contact Email: PupilServices@paramount.k12.ca.us

Patient Information

Name: _____ Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: _____ Primary Language: ☐ English ☐ Spanish ☐ Armenian ☐ Other _____

Phone Number: _____ Address: _____

Parent/Guardian's name: _____

Insurance Information

Health Coverage Type: ☐ Medicare ☐ Medi-Cal ☐ Commercial ☐ Uninsured Member ID: _____

Available Services (Check All That Apply):

☐ **Medical**
- ☐ PhEnical Examination
- ☐ Sports Physical
- ☐ Blood Draw/In Office Labs
- ☐ Hearing Screenings
- ☐ Immunizations: _____

☐ Snellen Vision Screening
☐ Weight Management
☐ Pregnancy Testing
☐ Diagnosis & Treatment of Minor Acute Illness

☐ Dental Screening

☐ HIV/STD Detection, Treatment Counseling

☐ **Health Coverage Enrollment Services –** Medi-Cal, My Health LA, Covered CA

☐ **Other**: _____

Directions

Please email completed Rei istratioh form to **michellet@cchcCenters.org**

If you would like to speak with a team member directly, please call 818-630-2293

Keep a copy for your records.

Revised 07/2021