DEPAUW *HEALTH* 2018-2019 Student Health Record

MAILING ADDRESS:
800 S. Locust Street, Hogate Hall
Greencastle IN 46135-0037

WEBSITE: www.depauwhealth.org
Secure email for International Students: depauwiss@hendricks.org

PHONE: 765–658–4555 **FAX**: 765-658-4558
To drop health form off on-campus: DePauw Health Wellness Center, Hogate Hall, First floor

MANDATORY: Please complete and **submit by faxing** to DePauw Student Health services by July 1 at 765-658-4558. Failure to submit the complete student health record and provide proof of immunization may result in cancellation of student's classes.

PERSONAL INFORMATION

Student Name**:** ____ **Student ID#:** ______________
Last First Middle

Date of birth: ____________________

What is your current gender identity? (Check and/or circle ALL that apply)

☐ Male ☐ Female ☐ Transgender ☐ Additional category (please specify):___________________ ☐ Decline to answer

Home Address**:** ____
Number and Street City State Zip Code

____
Student Cell Phone Number Home Number

____
Parent/Emergency Contact Relationship Home Number: Cell Phone Number

Family Doctor/PCP_________________________ Phone: ______________________________

MEDICAL HISTORY

Do you currently have or have you ever had or experienced any of the following (check all that apply and explain below):

	√			√			√
ADHD/ADD			Diabetes Type II			Low Back problem/pain	
Seasonal Allergies			Eating Disorder			Marfan's Syndrome	
Anemia			Fainting/Syncope			Menstrual problems	
Bleeding disorder			Fracture (list details below)			Mononucleosis	
Anxiety			Headaches			Neck problem/pain	
Arthritis			Joint problem (list below)			Pregnancy	
Asthma			Migraines			Recurrent infections	
Bipolar Disorder			Heart disease (type):			Seizures	
Blood Clot			Heart rhythm disorder			Suicide attempt	
Cancer (type):			Heartburn/Reflux			Sickle cell anemia/trait	
Concussion			Heat stroke			Skin disorder (list below)	
Depression			HIV/AIDS			Stomach ulcer	
Diabetes Type I			Chronic Kidney disease			Tuberculosis	

1. Please explain any medical condition that you checked above. Please include dates such as any hospitalizations:

____
____
____
____

2. Please list all **Prescription** medications and dosages you are currently taking. Also list any regular injections (e.g. allergy or Depo-Provera shots). Attach separate page if need additional space:

3. Please list any **Over-the Counter** medications, **Vitamins** or **Supplements** you take:

4. Do you have any medication **allergies**? ☐ No ☐ Yes: ____________________
5. Do you have Food or Environmental **allergies**? ☐ No ☐ Yes: ____________________
   If you receive allergy injections, will you need DePauw Health service to do injections for you? ☐ No ☐ Yes
   If yes, please schedule an appointment when you arrive on campus so we may discuss your injection needs.
6. Have you ever had **Surgery**? If yes, please list dates, side (Left or Right) and type of surgery?

7. Family History:

Do any of the following run in your family?	Yes	No	Relative affected (M, F, Bro, Sis, Grandparent)
Asthma			
Heart disease (type):			
High Blood Pressure			
Diabetes			
Cancer (type):			
Anxiety			
Depression			

8. Do you smoke cigarettes? ☐ Yes ☐ No How many cigarettes per day? ____________
9. Do you use chewing tobacco ☐ Yes ☐ No Electronic cigarettes ☐ Yes ☐ No
10. How many times per week do you exercise? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
    On average, how many minutes per exercise session? ______________minutes

Student Signature: ____ Date: ____________________

Authorization for Care if student is under 18. I authorize, at the discretion of DePauw Health Medical clinic personnel, medical and surgical care including but not limited to: evaluation, treatment and immunizations. In the event of emergency all reasonable attempts will be made to contact me at the earliest possible time that will not delay necessary care.

Parent's signature: **____ Date: ___________________

**** Parent signature required only for those students that enter DePauw before their 18th birthday.**

***Student Athletes: Please note that additional forms are required for Sports Medicine. Please complete those forms when you receive notice from the Athletic Department/DePauw Sports Medicine.