

# COLUMBUS STATE UNIVERSITY STUDENT HEALTH CENTER

NAME: \_\_\_\_\_ ID #: 909 \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

ALLERGIES (Food/Environmental/Seasonal): \_\_\_\_\_

LIST OF CURRENT MEDICATIONS (Prescriptions, Over The Counter, Inhaler, Supplements): \_\_\_\_\_

## (CHECK ALL THAT APPLY)

### PERSONAL MEDICAL HISTORY

- ADD/ADHD
- Alcohol or Drug Dependency
- Anemia or Blood Disorder
- Anxiety
- Arthritis
- Asthma
- Bipolar Disorder
- Bone Fracture \_\_\_\_\_ Year \_\_\_\_\_
- Cancer
- Diabetes
- Depression
- Eating Disorder
- Eczema
- Epilepsy or Seizures
- Gastrointestinal Problems
- Hearing Loss/Problem
- Heart Attack/Disease or Stroke
- High Blood Pressure
- Kidney Disease / Stone
- Liver Disease or Jaundice
- Migraine Headaches
- Ovarian Cyst
- Pap History Date \_\_\_\_\_
- Polycystic Ovarian Syndrome
- Pregnancy Number \_\_\_\_\_ Number of live births \_\_\_\_\_
- STD History \_\_\_\_\_
- Thyroid Problems
- Tuberculosis
- Other \_\_\_\_\_
- None \_\_\_\_\_

## (CHECK ALL THAT APPLY)

### YOUR SOCIAL HISTORY

- Alcohol Use:  Yes  No
- Abuse (Physical, sexual, emotional or verbal)
  - Current  History of
- Employment:  Full-time  Part-time
- Exercises Regularly
- Exercises Intermittently
- Gun Ownership
- Motorcycle Rider wears helmet: Yes  No
- Marital Status:  Single;  Married;  Separated;
  - Divorced;  Widowed
- Sexual Activity:
  - Has never been sexually active
  - Not currently sexually active
  - Currently sexually active with one partner
  - Currently sexually active with multiple partners
- Seatbelt Use:  Always;  Never;  Rarely
- Tobacco Use:  None;  Cigarettes;  Cigars;
  - Chewing;  Dipping;  Previous Use
  - Number of Years \_\_\_\_\_ Per day \_\_\_\_\_
- Vape Number of Years \_\_\_\_\_
- Weed/Marijuana Number of years \_\_\_\_\_

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**(CHECK ALL THAT APPLY)**

**Specify Family Member. Example: Mother/Father, Grandmother/Grandfather, Brother/Sister.**

**FAMILY HISTORY**

- Adopted - Unknown Family History
- I am a twin
- Alcohol or Drug Dependency \_\_\_\_\_
- Anemia or Blood Disorder \_\_\_\_\_
- Anxiety \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Asthma \_\_\_\_\_
- Bipolar Disorder \_\_\_\_\_
- Cancer \_\_\_\_\_
- Cholesterol, High \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Depression \_\_\_\_\_
- Epilepsy or Seizures \_\_\_\_\_
- Gastrointestinal Problems \_\_\_\_\_
- Heart Attack or Stroke \_\_\_\_\_
- High Blood Pressure \_\_\_\_\_
- Kidney Disease \_\_\_\_\_
- Liver Disease or Jaundice \_\_\_\_\_
- Migraine Headaches \_\_\_\_\_
- Thyroid Problems \_\_\_\_\_
- Tuberculosis \_\_\_\_\_
- Other \_\_\_\_\_
- Unknown
- NONE

**(CHECK ALL THAT APPLY)**

**YOUR SURGICAL HISTORY**

- Abortion
- Adenoidectomy
- Appendectomy
- Biopsy Results \_\_\_\_\_ Date \_\_\_\_\_
- Cholecystectomy (gallbladder)
- Circumcision
- C-Section Date \_\_\_\_\_
- D & C
- Fracture Repair
- Hernia Repair
- Knee Arthroscopy
- LASIX
- Myringotomy (tubes in ears)
- Ovarian Cyst Removal
- Shoulder Rotator Cuff Repair
- Tonsillectomy
- Tonsillectomy & Adenoidectomy (T&A)
- Wisdom Teeth Extraction
- Other Surgery \_\_\_\_\_
- NONE



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