

University of Connecticut 2017-2018 Student Health History – Form B

UConn Student Health Services, 234 Glenbrook Rd, Storrs, CT 06269 Phone: 860-486-4700 SHS.UCONN.EDU

THIS FORM MUST BE SUBMITTED BY JULY 1 FOR FALL SEMESTER AND JANUARY 1 FOR SPRING SEMESTER

Student Last Name		Student First Name		Student Middle Name	
Date of Birth: <small>MM/DD/YYYY</small>	Legal Gender:	Preferred Gender Identity:		Net ID	

Permanent Home Information		Notify in Case of Emergency	
Student's Preferred E-mail Address		Name	Relationship
Student's Cell Phone	Home Phone	Home Phone	Cell/Work Phone
Home Address		Address	

X _____
Student Initial By initialing, I consent to receive text messages from UConn Student Health Services at my cell phone number above (and any number/e-mail forwarded or transferred to/from that number.) This may include confirmation of an appointment, test results, or a reminder alert. I understand that this permission will remain in effect unless I request a change in writing.

Personal Physician/Healthcare Provider	
Name	Address
PHONE #	FAX #

MEDICATIONS – List all medications; prescriptions, and over the counter medications and supplements that you currently take.

ALLERGIES: Drugs and other Severe Adverse Reactions - List all that apply and explain reaction **Check if you have no allergies**

<input type="checkbox"/> Medication Allergy <table style="width: 100%;"> <tr> <td style="width: 70%;"><u>Drug Name</u></td> <td><u>Reaction</u></td> </tr> </table>	<u>Drug Name</u>	<u>Reaction</u>	<input type="checkbox"/> Food Allergy: _____ Reaction: _____
<u>Drug Name</u>	<u>Reaction</u>		
<input type="checkbox"/> Insect (Bee/Wasp stings) _____ Reaction: _____	<input type="checkbox"/> X-ray Contrast _____ Reaction: _____		
Are any of these life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No List if yes.	Do you carry an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No List reason if yes.		

MEDICAL & MENTAL HEALTH HISTORY - Circle all that apply **Check if none apply to you**

ADHD	Cardiac condition/heart murmur	Hepatitis C	Sickle cell anemia
Alcohol/drug abuse	Crohn's disease	HIV/AIDS	Ulcerative Colitis
Anxiety	Depression	Immunocompromised	Other (please list)
Asthma	Diabetes	Organ Transplant	
Blood clotting disorder	Eating Disorder	Rheumatoid arthritis	
Cancer	Hepatitis B	Seizure disorder	

Explain any of the items that you have circled above or if there are any significant medical or mental health conditions for which you seek healthcare. Attach any additional information to further explain your condition or concern.

Prior Hospitalizations, Surgeries or Orthopedic Procedures - List dates and reasons

Current Height: _____ Current Weight: _____

Storrs students who wish to discuss coordination of care issues for ongoing health or mental health concerns may contact Student Health Services by calling 860-486-2719, or Counseling and Mental Health Services by calling 860-486-4705 for a free New Student appointment. While we collect health information, it is ultimately up to you to initiate contact and/or treatment planning with our services.

**Submit all completed forms and any attachments by scanning and uploading to the Student Health Portal
myHealth.uconn.edu**