MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES

Health History

- **Email** Health History Record pages to Student Health Center: healthhx@marymount.edu
- **DUE**: August 1 (Fall Admission) January 1 (Spring Admission) May 1 (Summer Admission)
- Do not include forms for other departments in your upload. ALL STUDENTS
- If you are a FULLY online student please let us know, since these forms are not required

Name: ____ Date of Birth: ___/___/____
Last *First* *Middle* *MM /DD / YYYY*
Email: ______________________________ Student ID#: ___________

☐ Home: ______________________ Please check the preferred number.
☐ Student's Cell: _________________

Preferred Name:______________________ ☐ Male ☐ Female ☐ Other Pronouns: ____________

MEDICAL HISTORY **(Please check all that apply and explain any "Yes" answers below)**

Yes No	Yes No	Yes No
☐ ☐ Allergies (Seasonal/Annual)	☐ ☐ Eating Disorder	☐ ☐ Rheumatic Fever
☐ ☐ Anemia	☐ ☐ Gastrointestinal Problems	☐ ☐ Tuberculosis
☐ ☐ Asthma/Exercise-Induced Asthma	☐ ☐ Gynecological Problems	☐ ☐ Sexually Transmitted Diseases
☐ ☐ Bone/Joint Disorder	☐ ☐ Frequent Headaches	☐ ☐ Elevated Cholesterol
☐ ☐ Cancer	☐ ☐ Heart Disease	☐ ☐ High Blood Pressure
☐ ☐ Chicken Pox	☐ ☐ Hepatitis/Liver Disease	☐ ☐ Frequent Throat Infections
☐ ☐ Circulatory problems/Blood clots	☐ ☐ Kidney/Urinary Problems	☐ ☐ Frequent Ear Infections
☐ ☐ Convulsions/ Seizures/ Epilepsy	☐ ☐ Mental Health (depression/anxiety,etc)	☐ ☐ ADD/ADHD
☐ ☐ Diabetes	☐ ☐ Mononucleosis	☐ ☐ Other - Explain below

Current Diagnosis, Medications & Dosages: ____

____

Allergies: medication/foods, etc. (include reaction): _____________________________________
____

Significant illness/hospitalization (include dates): _______________________________________

History of psychiatric/psychological conditions (ex. Anxiety 1/12- present):
____

Person to be notified in case of emergency: Name: ___________________________
Relationship: ___________________ Preferred phone number: _________________