Health Services
MONROE COMMUNITY COLLEGE

STUDENT HEALTH HISTORY

Name: _____ M00#: _____ Today' s Date: _____
Preferred name: _____ Gender: _____DOB:_____
Your Cell Phone: _____Residence Hall: _____
Emergency Contact: _____ Relationship: _____Phone: _____
Name//phone of primary doctor: _____
Student health insurance ID number: _____
For Students under 18: I give my consent for Health Services, or its' designees, to provide medical treatment to my son/daughter. Parent/Guardian Signature _____ Date: _____

ALLERGIES - Please list all allergies (such as to drugs, bees, latex, foods), the reaction that occurs, and how it is treated.

Substance: _____Reaction:_____Treatment:_____
Substance: _____Reaction:_____Treatment:_____
Substance: _____Reaction:_____Treatment:_____
Substance: _____Reaction:_____Treatment:_____

MEDICINES: Please list all you use, including over the counter meds.

Medicine: _____Dose:_____ Times/Day: _____Used for: _____
Medicine: _____Dose:_____ Times/Day: _____Used for: _____
Medicine: _____Dose:_____ Times/Day: _____Used for: _____
Medicine: _____Dose:_____ Times/Day: _____Used for: _____

CONFIDENTIAL MEDICAL HISTORY: Mark each that apply, add details or more information below

- ☐ ADD/ADHD (circle one)
- ☐ Alcohol use in past year
- ☐ Anxiety
- ☐ Asthma
- ☐ Bipolar diagnosis
- ☐ Bladder infections
- ☐ Bone problems
- ☐ Colitis
- ☐ Concussions/ Head injuries
- ☐ Depression
- ☐ Drug use or addiction
- ☐ Eating disorder
- ☐ Eczema
- ☐ Experienced abuse/trauma
- ☐ Eye/vision problems
- ☐ Hearing impaired/deaf
- ☐ Heart problems
- ☐ High blood pressure
- ☐ History of fainting
- ☐ History of cutting skin
- ☐ In recovery from substance use disorder
- ☐ Kidney problems
- ☐ Marijuana use in past year
- ☐ Migraines
- ☐ Neurological issue
- ☐ Psoriasis
- ☐ PTSD
- ☐ Seizures- petit/grand/focal
- ☐ Last seizure:_____
- ☐ Severe menstrual cramps
- ☐ Stomach issues
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Tobacco use
- ☐ Trouble sleeping
- ☐ Tuberculosis
- ☐ Use anything else to get "high" in past year

- ☐ Hospitalizations: _____
- ☐ Surgeries: _____
- ☐ More information if needed:

_____
_____
_____

Monroe Community College Health Services
1000 East Henrietta Road, Building 3 Room 165
Rochester, NY 14623
(Phone) 585-292-2018 (Fax) 585-292-3856
Email: healthsvc@monroecc.edu