

# COLUMBUS STATE UNIVERSITY STUDENT HEALTH CENTER

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

VITALS: HT: \_\_\_\_\_ WT: \_\_\_\_\_ B/P: \_\_\_\_\_ PULSE: \_\_\_\_\_ TEMP: \_\_\_\_\_ RESP: \_\_\_\_\_ O2: \_\_\_\_\_

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

OTHER ALLERGIES: \_\_\_\_\_

LIST OF CURRENT MEDICATIONS: (prescriptions, over-the counter, supplements) \_\_\_\_\_

**CHECK ALL THAT APPLY (specify family member;  
Example: mother, maternal grandmother)**

## **FAMILY HISTORY** \_\_\_\_\_ **NONE**

- Alcohol or Drug Dependency \_\_\_\_\_
- Anemia or Blood Disorder \_\_\_\_\_
- Anxiety \_\_\_\_\_
- Arthritis \_\_\_\_\_
- Asthma or Allergies \_\_\_\_\_
- 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 \_\_\_\_\_

**CHECK ALL THAT APPLY**

## **SOCIAL HISTORY** \_\_\_\_\_ **NONE**

- Alcohol Use: Number of drinks per week \_\_\_\_\_
- Abusive Relationship (current/previous)
- Body Modification (tattoos/piercings)
- Employment: \_\_\_ Full-time \_\_\_ Part-time
- Exercises Regularly
- Exercises Intermittently
- Gun Ownership
- High Risk Behavior
- Motorcycle Rider (Wears helmet)
- Motorcycle Rider (Does not wear helmet)
- Marital Status: \_\_\_ married; \_\_\_ single; \_\_\_ separated;  
\_\_\_ divorced; \_\_\_ widowed
- Recreational Drug Use
- Sexual Activity: Has never been sexually active
- Sexual Activity: Not currently sexually active
- Sexual Activity: Currently sexually active
- Sexual Activity: Sexually active with multiple partners
- Sexual Activity: Sexually active with one partner
- Seatbelt Use: \_\_\_ Always; \_\_\_ Never; \_\_\_ Rarely
- Tobacco Use: \_\_\_ Cigarettes; \_\_\_ Cigars; \_\_\_ Chewing;  
\_\_\_ Dipping
- Tobacco Use: \_\_\_\_\_ Number of years

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(CHECK ALL THAT APPLY)

PERSONAL MEDICAL HISTORY \_\_\_\_\_ NONE

- Alcohol or Drug Dependency
- Anemia or Blood Disorder
- Anxiety
- Arthritis
- Asthma or Allergies
- Bipolar Disorder
- Bone Fracture
- Cancer
- Cholesterol, High
- Diabetes
- Depression
- Eating Disorder
- Epilepsy or Seizures
- Gastrointestinal Problems
- Hearing Loss/Problem
- Heart Attack/Disease or Stroke
- High Blood Pressure
- Kidney Disease
- Liver Disease or Jaundice
- Migraine Headaches
- Polycystic Ovarian Syndrome
- Thyroid Problems
- Tuberculosis
- Other \_\_\_\_\_

(CHECK ALL THAT APPLY)

SURGICAL HISTORY \_\_\_\_\_ NONE

- Adenoidectomy
- Appendectomy
- Biopsy
- Cholecystectomy (gallbladder)
- Circumcision
- 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 \_\_\_\_\_
- Date of Surgery: \_\_\_\_\_



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