



NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
                     Last                      First                      Middle

**PERSONAL HISTORY:**

Drug Allergies: \_\_\_\_\_

Operations/ Serious Injuries: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**PERSONAL HISTORY** – Check if a condition applies to you (past or present)

<input type="checkbox"/> ADD/ ADHD	<input type="checkbox"/> Depression	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraine
<input type="checkbox"/> Anemia	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Gastrointestinal Disorder	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Sexually Transmitted Infection
<input type="checkbox"/> Concussion	<input type="checkbox"/> Kidney Infection/ Stone	<input type="checkbox"/> Thyroid Trouble
		<input type="checkbox"/> Visual Impairment

**FAMILY HISTORY-** Check if condition exist in immediate family (parents, grandparents, siblings)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Anemia	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Stroke	<input type="checkbox"/> Sudden Death	<input type="checkbox"/> Ulcer

**Students 18 years old or older**

I hereby authorize the physician/ clinicians of Longwood University Student Health Center to examine, test, and treat me as they may deem advisable. There shall be no release of information to any person or agency without prior written agreement by me, unless required by law.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT RIGHTS INCLUDE:**

1. The right to humane care and treatment.
2. The right to competent treatment.
3. The right to accurate information.
4. The right to confidentiality regarding disclosures and records.
5. The right to information regarding the scope and availability of service.
6. The right to information regarding fees for services.
7. The right to full information regarding appropriate channels for expressing grievances and making evaluations.
8. The right to know organizational policies regarding experimental research without jeopardizing access to care.

**STUDENT HEALTH CENTER PERSONNEL MAY REASONABLY EXPECT STUDENTS:**

1. To be honest in providing information to Student Health Center personnel. Failure to provide honest and full information can result in improper evaluation.
2. To ask questions to insure appropriate comprehension of their illness, plan of care, and to appropriately express one's concerns, needs, and feelings.
3. To avail themselves of educational opportunities offered through the Student Health Center, and employ knowledge and experiences gained towards developing a healthy lifestyle and towards modifying the factors adversely affecting health status.
4. To show respect and to be courteous to Student Health Center personnel as well as fellow student subscribers at each encounter.
5. To utilize the grievance process when a problem exists regarding care received or at any time one believes their rights have been violated.
6. To come to appointments on time or cancel/reschedule as far in advance as possible, so that the time may be given to someone else.
7. To abide by Student Health Center policies and State Laws regarding immunizations and health record requirements.
8. To not give medications prescribed for you to others.
9. To communicate with your health provider if your condition worsens or does not follow the expected course.

By signing below, I affirm that I have read and understand the above rights and responsibilities.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_