KUMC STUDENT HEALTH SERVICES - HISTORY RECORD (SF)

3901 Rainbow Blvd., 1012 Student Health Center
Kansas City, KS 66160-7370
913-588-1941

CONFIDENTIALITY NOTICE:
The information contained on this health record is confidential and is intended only for the use of KUMC Student Health Services. The information will not be shared with you Academic Program unless you sign a release form.

DATE: _______________

Name: ___________________________ (Last) ______________________ (First) ______ (MI) DOB: _____________ SSN: ___________________

Address: _____________________________________ City: ______________________ State: ________________ Zip: _________

Phone No. (H) (_____)___________________ (W) (______)___________________ (Cell/Pgr.) (_____)_____________________

E-mail Address: ____________________________________ School: SoM / SoN / Allied Health / Graduate Studies (please circle one)

Marital Status: Single Married Widowed Divorced Partnered

Citizenship: U.S. Other

Emergency Contact: Name: ________________________ Relationship: __________________ Phone No. (_____)_____________

CURRENT MEDICATIONS: Please include over-the-counter medicines, vitamins, herbals, protein supplements, etc.

NAME OF MEDICATION	DOSAGE (mg)	FREQUENCY	REASON FOR TAKING

DRUG ALLERGIES / REACTIONS

NAME OF DRUG	REACTION

MEDICAL HISTORY (Surgeries, hospitalizations, illness, and/or injuries)

DATES	REASON

ILLNESSES (Please mark all past and / or present illnesses that apply)

	Anemia		Heart Murmur		Positive TB Skin Test
	Asthma		High Blood Pressure		Sexually Transmitted Infections
	Cancer (type)		High Cholesterol		Skin Problems (type)
	Diabetes		Menstrual Problems		Thyroid Disease
	Depression / Anxiety		Migraine Headaches		Urinary Infections
	Eating Disorders		GI Problems (i.e. Gallbladder, Chrohns, Ulcers, GERD)		Other

REQUIRED PHYSICAL EXAMINATION

Physician Statement: I have examined this student and have found no evidence of abnormal findings or limitations.

Assessment Abnormalities:____

Address: ____ Phone: _________________________
City State Zip

___________________________________ Please Print Name

___________________________________ Signature