

IOWA STATE UNIVERSITY

Thielen Student Health Center

Health History Information Intake Form

This information will be kept confidential according to Thielen Student Health Center privacy policy which is available at: <http://www.health.iastate.edu>

Name: _____	SID: _____
ISU Address: _____	DOB: _____
ISU Phone: _____	Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relation (Circle one): Spouse Parent Guardian Other: _____

Allergies: (Please list any allergies to medications, food or latex) **Please check here if you have no known allergies.**

Allergen	Reaction

Current Medications: (Please include regular over the counter medications, herbal remedies, supplements, and oral contraceptives.) **Please check here if you are not taking any medication.**

Medication	Start date	Dose/How taken	Condition taken for

Personal Health History (Please circle any conditions that apply to you):

- | | |
|--|------------------------------|
| Acne | High Blood Pressure |
| ADD/ADHD | Heart Disease/Heart Murmur |
| Allergies (Pet, Environmental, Seasonal) | Headache/Migraine |
| Alcohol Abuse | Kidney Disease |
| Other Substance Abuse: specify _____ | Mononucleosis |
| Anemia | Musculoskeletal Issues |
| Asthma | Fractures: specify _____ |
| Blood Clots/ Bleeding Disorder | Rheumatic Fever |
| Cancer: specify _____ | Seizure Disorder |
| Concussions | Sexually Transmitted Disease |
| Chicken Pox | Stroke |
| Depression/Anxiety | Stomach/Digestive Conditions |
| Diabetes | Thyroid Disease |
| Eating Disorder | Tuberculosis |
| Other Illness: specify _____ | |

Please check here if none of the above applies to you.

Females ONLY

- | | |
|---|--|
| Abnormal PAP Smear | Pregnancies (If yes; how many: _____) |
| Endometriosis | Uterine Fibroids |
| Ovarian Cysts/Polycystic Ovarian Syndrome | |

