IOWA STATE UNIVERSITY
Thielen Student Health Center

New Student Health History Intake

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: ☐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

_____

_____

_____

Personal Health History (Please check any conditions that apply to you):
☐Asthma
☐Cancer: specify _____
☐Diabetes
☐Heart Disease/Heart Murmur
☐Depression/Anxiety/ Mental Health Problem
☐Other Illness: specify _____
Please check here if none of the above applies to you. ☐

Family History: (Please check if the relative listed has been diagnosed with the illness.)
Please check here if you are adopted. ☐

Illness	Mother	Father	Sister	Brother	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Asthma	☐	☐	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐	☐	☐
Specify:								
Diabetes	☐	☐	☐	☐	☐	☐	☐	☐
Heart Disease	☐	☐	☐	☐	☐	☐	☐	☐
Approximate Age at Diagnosis:								
Mental Health Conditions	☐	☐	☐	☐	☐	☐	☐	☐
Deceased	☐	☐	☐	☐	☐	☐	☐	☐
Approximate Age at Death								
Cause of Death								