

Harris-Stowe State University  
3025 Laclede Ave.  
St. Louis, MO 63103

# Harris-Stowe



# State University Health Record

Phone: (314) 340-5300  
Fax: (314) 340-5181

**CLASSIFICATION**

First-Year  
 Sophomore  
 Junior  
 Senior  
 Transfer  
Date of Entrance \_\_\_\_\_

**EACH AND EVERY QUESTION MUST BE ANSWERED.** Incomplete records will be returned. Please type or print answers.

This information is confidential and will not be released without your consent.

**This record must be completed and returned to Harris-Stowe State University by August 18, 2014**

NAME \_\_\_\_\_ I.D. \_\_\_\_\_  
FIRST MIDDLE LAST

Date of Birth \_\_\_\_\_ GENDER:  Female  Male SSN# \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
STREET CITY STATE ZIP

Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Parents' Address \_\_\_\_\_

Parents' Home Phone ( ) \_\_\_\_\_ Parents' Cell Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
STREET CITY STATE ZIP

Emergency Contact: Name/Relationship \_\_\_\_\_ / \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**FAMILY HISTORY**

Father:  Living  Deceased  
Occupation \_\_\_\_\_ Siblings: \_\_\_\_\_  
Age of Death \_\_\_\_\_ No. of Living \_\_\_\_\_  
Cause of Death \_\_\_\_\_ No. of Deceased \_\_\_\_\_  
Do you have a twin?  Yes  No  
Mother:  Living  Deceased  
Occupation \_\_\_\_\_  
Age of Death \_\_\_\_\_  
Cause of Death \_\_\_\_\_

Have any of your family members experienced the following?  
 Diabetes  High Blood Pressure  Heart Disease  
 Kidney Disease  Cancer (type : \_\_\_\_\_)  
 Emotional Problems  Psychiatric Problems  Eating Disorders  
 Depression  Anxiety  Alcoholism  Substance Abuse  
 Suicide

**Please identify all currently used medication** \_\_\_\_\_

**PERSONAL HISTORY** Do you have, or have you had, any of the following?

	Yes	No		Yes	No		Yes	No
Asthma			Seizures/Blackouts			Scarlet Fever		
Cancer			Other Chronic Illness			German Measles		
Diabetes			Head Injury			Measles		
Polio			Recurrent Headaches			Mumps		
Tuberculosis			High/Low Blood Pressure			Chicken Pox		
Heart Disease			Anxiety/Depression			Infectious Mononucleosis		
Rheumatic Disease			Psychiatric Treatment			Recent Weight Change		
Explanation and Dates:								
	Yes	No		Yes	No	ALLERGIES	Yes	No
Appendectomy			Gum/Dental Disorder			Penicillin		
Tonsillectomy			Bone/Joint Disease			Sulfa		
Hernia Repair			Kidney/Bladder Disease			Codeine		
Other Operations			Wear Contact Lenses			Wasp/Bee Stings		
Females:			Wear Hearing Aid			Foods		
Menstrual Problems			Other Disabilities/Needs			Receives Allergy Shots		

Explanation and Dates: (Attach another page if necessary)

**HEALTH INSURANCE**

Please provide Health Services with a copy (front & back) of your insurance I.D. card.

I will use private insurance

**AUTHORIZATION FOR MEDICAL PROCEDURES:**

Permission is hereby granted to Health Services at Harris-Stowe State University to authorize medical and surgical services, including physician ordered injections or required authorized and requested to refer the student to a duly licensed physician or hospital, and such physician or hospital is authorized to administer such treatment or surgery as appears prudent under the circumstances then existing.

\_\_\_\_\_  
SIGNATURE OF STUDENT ( if student is 18 or over)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN ( if student is 17 or under)