

Lasell College Health Services

1844 Commonwealth Avenue

Newton, MA 02466

(617) 243-2451

Fax: (617) 243-2339

PERSONAL HEALTH HISTORY

Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Student Cell Phone # _____

In case of emergency notify: _____ Phone # _____ Relationship _____

Health Insurance Plan: _____ ID# _____ Group # _____

Health Insurance Plan Address _____ Subscriber Name: _____

CONSENT FOR TREATMENT OF MINORS:

I consent to have my son/daughter _____ receive routine treatment at Lasell College Health Services or local hospital should he/she become ill or injured while at school.

Parent/Guardian's Signature _____ Date _____

FAMILY HISTORY:

RELATION	AGE	GENERAL HEALTH	PAST/PRESENT SERIOUS ILLNESS	IF DECEASED AGE AT DEATH	CAUSE OF DEATH
Father					
Mother					
Brother/Sister					
Brother/Sister					
Brother/Sister					

PERSONAL HISTORY:

ILLNESS	Y	N	AGE	ILLNESS	Y	N	AGE	ILLNESS	Y	N	AGE	ILLNESS	Y	N	AGE
ADHD/ADD				Cancer				Headaches				Mononucleous			
Allergies				Diabetes				Heart				Panic Disorder			
Anemia				Depression				Hepatitis				Sleep Issues			
Anxiety				Eating Disorder				High Blood Pressure				Thyroid			
Asthma				Eye or Ear				Kidney or Urinary				Tuberculosis or (+) PPD			
Bone & Joint				Gastrointestinal				Menstrual Problems				Other			

1. Are you allergic to any medicines? Yes No Which ones? _____
2. Are you being followed by a physician for any medical problems? Explain _____
3. Have you received or now receiving psychological/psychiatric counseling? When? _____
4. Are you taking any medicine? Name & dose _____
Reason _____
5. Indicate the dates and type of any hospitalizations, injuries, (athletic & nonathletic), and surgical operations which you have had. _____
6. Other medical problems _____
7. Will you need specific medical care, including allergy injections, contraceptive injections, etc. _____

I hereby certify that the information entered above is complete and accurate.

Date: _____ Student's Signature _____