

CONFIDENTIAL HEALTH HISTORY

Sandy McClure

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Student Counseling & Success Center
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Name:	Last:		Fire	st			Middle
Birthda	ate:/_		Gender		_ s	emester/Year e	entering YHC
Home .	Address						
City, S	tate, Zip						
Home I	Phone ()			Student's	Cell Phone_	
Home	Physician_					Phone	
Addres	ss						
			EMERGE	NCY C	CONTA	CTS (LIST	2)
1.	Name					Relationsh	ip
	Address_						
	Work # (_)	н	ome (_)		Cell
2.	Name					Relationship)
	Address_						
	Work # ()	н	ome ()		_Cell
All informention occurs I under permiss require	mation giver ned in this re prior to my re stand that my sion except if d to report th	on this form cord. I agree egistration of counseling there is evi	n is true to the best e to notify the Stude r while I am a stude 1/health records are	of my kno nt Couns nt. confident mminent order to e	owledge a seling Cent tial. To hav danger of ensure saf	nd I have no ab er of any chang ve my records s harm to self or ety.	AND / OR PARENT / GUARDIAN normality, limitation, or restriction not te that may occur, whether such change whared with others requires my written others, in which case, a counselor is legally tudent.
Stude	nt signatur	e			·		Date
Parent	t/Guardian	signature	(if student is und	er the a	ge of 18)		
<u>Medic</u>	ation Aller	gies_	<u>Food/I</u>	Environ	mental A	<u>llergies</u>	Current Medications & Dosage
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Depression Drugs/Alcohol (specify) Ulcide/Thoughts Ulcide/Thou	Sexual Concerns Legal Problems Trusting Others Legal Problems Trusting Others Concentration Irritability Anger or Temper Learning Disabilities Often makes mistakes Frequently fidgets communicating w/others arents/Othes (specify) leeping too much/little leeting to sleep Vaking too early ightmares	Difficulty with:	You	Now	Past	Family	Difficulty with:	You	Now	Past	Fa
Drugs/Alcohol (specify) Drugs/	Drugs/Alcohol (specify) Drugs/Alcohol (specif	Anxiety					Domestic Violence			İ	T
Suicide/Thoughts Hurting Self / Others Abuse (specify) Psychiatric Hospitalization Hervous Breakdown H	Suicide/Thoughts Hurting Self / Others Abuse (specify) Psychiatric Hospitalization Hervous Breakdown Hearning Disabilities Hearning Disabilities Hearning Disabilities Hearning Disabilities Often makes mistakes Frequently fidgets Completing Tasks Paying Attention Hasily Distracted Hyperactive Hyperactive Hyperactive	Depression					Sexual Concerns			 	T
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Abuse (specify) Psychiatric Hospitalization Pervous Breakdown Pervous Breakdown Person Panic Person Worry Peeling Manic Pommunicating w/others Parents/Othes (specify) Pleeping too much/little Parents of sleep Waking too early	Abuse (specify) Psychiatric Hospitalization Pervous Breakdown Pervous Breakdown Person Panic Panic Person Panic Person Panic Panic Person Panic Panic Panic Person Panic Pa	uicide/Thoughts					Trusting Others				Г
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Paying Attention Easily Distracted Hyperactive Paying Attention Easily Distracted Hyperactive	Communicating w/others Paying Attention Easily Distracted Hyperactive Hyperactive	xcessive Worry					Frequently fidgets				
Communicating w/others Identify (Specify) Identify	Communicating w/others Identify (Specify) Identify	eeling Manic					Completing Tasks				
Easily Distracted Hyperactive Hyperactive Hyperactive	Easily Distracted Hyperactive Hyperactive Hyperactive	Communicating w/others									
Setting to sleep Vaking too early lightmares	Setting to sleep Vaking too early lightmares	arents/Othes (specify)	T					1			Г
Setting to sleep Vaking too early Jightmares Any additional information you would like to include that isn't listed that we need to be aware of:	Vaking too early lightmares	leeping too much/little					Hyperactive				Г
lightmares	lightmares	letting to sleep						•			
		Vaking too early									
ny additional information you would like to include that isn't listed that we need to be aware of:	ny additional information you would like to include that isn't listed that we need to be aware of:	lightmares									
		Any additional informati	on you	would	d like	to include	that isn't listed that we	need to	o be av	ware c	of: