

To the Student:
Information you provide is used solely as an aid to providing health care, if necessary, while you are a student.

**HEALTH & COUNSELING
SERVICES
MUHLENBERG COLLEGE
ALLENTOWN, PA 18104
REPORT OF MEDICAL HISTORY**

This information is strictly for the use of the College Health and Counseling Services and is not released to anyone without your knowledge and consent

PLEASE COMPLETE THIS BEFORE GOING TO YOUR PHYSICIAN FOR EXAMINATION.
THIS FORM MUST BE COMPLETED AND RETURNED TO COLLEGE HEALTH SERVICES.

(- -) SEX: M F

LAST NAME (print)	FIRST NAME	MIDDLE	SSN
HOME ADDRESS (Number and Street)	CITY OR TOWN	STATE	ZIP CODE
NAME, RELATIONSHIP OF NEXT OF KIN			DATE OF BIRTH ()
NEXT OF KIN'S ADDRESS			HOME TELEPHONE ()
IN EMERGENCY NOTIFY (NAME IN FULL)	ADDRESS		(PHONE)

FAMILY HISTORY

HAVE ANY OF YOUR RELATIVES EVER HAD ANY OF THE FOLLOWING?

	Age	State of Health	Occupation	Age at Death	Cause of Death	Disease	Yes	Relationship	Disease	Yes	Relationship
Father						Diabetes			Asthma, Hay Fever		
Mother						Tuberculosis			Epilepsy, Convulsion		
Siblings						Heart Disease			High Blood Pressure		
						Kidney Disease			Cancer		
						Stomach Disease					

PERSONAL HISTORY (PLEASE CHECK ANY PROBLEM THAT YOU CURRENTLY HAVE OR HAD IN THE PAST):

	Yes		Yes		Yes		Yes
ALLERGIES (Please list; if no allergies, please write "none")		GENITOURINARY		NEURO / PSYCHIATRIC			
Food:		Blood / protein in urine		Dizzy or fainting spells			
Medication:		Cystitis (bladder infection)		Frequent / severe headaches			
Environment:		Nephritis/other kidney disease		Seizures			
CUTANEOUS (SKIN)		CARDIOVASCULAR (HEART)		FEMALES ONLY			
Acne		Heart murmurs (specify):		Amenorrhea (no periods)		Severe head injury	
Eczema / allergic skin disease		Heart palpitations		Dysmenorrhea (painful periods)		Aspbergers/ Autism	
Psoriasis		High / low blood pressure		Pregnancy		Depression	
EYES/EARS/NOSE/THROAT		Thrombosis		Cystic Breasts		Anxiety	
Ophthalmic problems		Rheumatic Fever		MALES ONLY		Bipolar Disorder	
Glasses or contacts		Cholesterol checked? Result:		Prostate Problems		Psychotherapy	
Hearing difficulty		GASTROINTESTINAL		Lump or mass in testicle		Alcohol or Other Drug Use	
Ruptured / perforated eardrum		Abdominal pain severe/recurrent		MUSCULOSKELETAL		INFECTIOUS DISEASES	
Asthma		Blood in the stool		Back problems		Tuberculosis	
Bronchitis		Diarrhea (chronic / recurrent)		Neck injury		Rubella (German measles)	
Hay Fever		Hernia		Fractures / joint disability		Whooping cough (pertussis)	
Pneumonia		Parasitic infection		Severe sprains/ligament injury		Mononucleosis	
Sinus infection		Ulcer		METABOLIC / ENDOCRINE / NUTRITION		Hepatitis (Specify type):	
Cystic fibrosis		Ulcerative colitis / Crohn's Disease		Diabetes		Chicken Pox	
Frequent throat problems		Irritable Bowel Syndrome		Eating disorder anorexia/bulimia		HPV (genital warts)	
HEMATOLOGIC		Gastro Esophageal Reflux Disease		Thyroid disorder (specify):		Herpes	
Anemia		Gallbladder Disease				STD (sexually transmitted)	
Bleeding disorders (specify):		Liver Disease (specify):				Cancer (specify type):	

Please explain all positive responses below. What other health issues should we know about? Attach additional sheet if necessary.