



HAMPSHIRE COLLEGE HEALTH & COUNSELING SERVICES

893 West Street, Amherst, MA 01002
PH (413) 559.5458 FX (413) 559.5583 healthservices@hampshire.edu

NEW STUDENT HEALTH FORM

THIS FORM IS REQUIRED - STUDENT COMPLETES - DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

This form should be completed by the student (and signed by a parent if the student is under 18). Submit by July 1 for the fall semester and January 15 for the spring semester.

This is a confidential medical form protected by both state and federal privacy laws. Information is not shared with college personnel other than the medical and mental health providers who are caring for you.

STUDENT INFORMATION (use ink and print clearly)

Date of Birth: ___/___/___

Legal Name: _____

Last First Middle I.

Chosen Name: _____ Gender Identity: _____ Sex Assigned at Birth: _____

Home Address: _____
Number/Street City State Zip code Country male female intersex decline to answer

Cell Phone: (____)_____/____ Email: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Relationship to student : _____

Home Address: _____
Number/Street City State Zip code Country

Telephone: _____ / _____ (Area Code) Home phone _____ / _____ (Area Code) Cell phone _____ / _____ (Area Code) Work phone

STUDENT SIGNATURE

I certify that I have received and read the "Notice of Privacy Practice" form detailing how my health information may be used and disclosed as permitted under federal and state law and outlining my rights regarding my health information. www.hampshire.edu/health-services/health-forms-for-new-students

Student Name: _____ Date: _____

PARENT/GUARDIAN SIGNATURE (required if student is under 18 and valid until student is 18)

I hereby grant permission to the staff of the Hampshire College Health & Counseling Services to provide such medical care and mental health counseling as my minor child _____ may require while a student at Hampshire College. This includes but is not limited to examinations, treatments, immunizations, psychotherapy etc. This also includes referral to an outside provider, a local hospital, hospitalization, anesthesia and/or surgery should it be necessary in the event of an illness or injury and I am unable to be reached.

Name of Parent/Guardian: _____ Date: _____

Advance directive: An advance directive is a legal document you create which allows you to make your medical decisions known to others. It also allows you to appoint someone you trust to make those decisions for you.

6a kag ZshvS SMhS UW[dM]hW Yes No

If yes, please provide us with a copy.

If you do not have an advance directive but want to create one, forms are available on our web site: www.hampshire.edu/health-services/health-forms-for-new-students



Last Name: _____

First Name: _____

DOB: _____ Gender: _____

NEW STUDENT HEALTH FORM

THIS FORM IS REQUIRED - STUDENT COMPLETES - DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

Chosen name: _____

Drug or other allergies (food or environmental) : _____

Current medications: List all medications, including psychiatric medications, hormones, vitamins, over-the-counter medications, creams, inhalers, & herbal remedies along with the dosage. Check here if none:

Past medical history: (Hospitalizations, surgeries, & serious illnesses, include year) _____

Family History: (List any family member with medical problems such as heart disease, diabetes, cancer, or other serious illness) _____

Stress /emotional health:

YES NO

- Have you experienced major life changes or stressors in the past year?
- Have you been (or are you currently) in psychotherapy for mental health concerns?
- Have you ever (or are you currently) taking medication for emotional symptoms?
- Have you ever been in a hospital for mental health concerns?
- Do you anticipate being in psychotherapy in the upcoming year at Hampshire?

If you answered yes to any of the above, please briefly explain (include diagnosis, years of treatment, etc.): _____

EMAIL COMMUNICATION POLICY

Health & Counseling staff rarely communicates with students via electronic mail because we value the privacy of our students and clients. Nonetheless, from time to time we may use a general "Health Services" email sent to a student's Hampshire College e-mail address in order to:

1. Remind students of appointments or advise of cancellations
2. Communicate normal lab results
3. Receive feedback about our services
4. Notify students regarding important campus health information

We do not recommend that students use this e-mail account to respond to or to initiate communication with Health & Counseling staff. Please call us at (413) 559-5458.

I have reviewed the Hampshire College Health & Counseling E-mail Policy.
 Hampshire College e-mail address: _____
