



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)

Legal name: _____

Preferred Name _____

Home Address: _____

Date of Birth: Number/Street / City State Zip code
Month / Day / Year Gender: Cell Phone:

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Relationship to student _____

Home Address: _____

Telephone: Number/Street City State Zip code
(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.

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:

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: _____



Last Name: _____

First Name: _____

DOB: _____ Gender: _____

NEW STUDENT HEALTH FORM

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Preferred name: _____

Drug allergies and/or medication sensitivities: _____

Environmental and/or food allergies: _____

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

Past medical and mental health history: Hospitalizations, surgeries, & serious illnesses, include year _____

Medical History: Check any of the following which you have ever had

MEDICAL CONDITION	MEDICAL CONDITION	MEDICAL CONDITION	MEDICAL CONDITION
Abnormal Pap smear	Cancer	Heart Disease	Phlebitis/blood clots
ADD/ADHD	Depression	Hepatitis	Pneumonia
Alcohol/drug problem	Diabetes	High Blood Pressure	Sickle cell anemia
Anemia	Ear problems	Kidney Disease	Stomach problems
Anxiety	Eating disorder	Learning Differences	Thyroid condition
Arthritis	Emotional problems	Liver disease	Tuberculosis
Asthma	Epilepsy	Mononucleosis	Urinary infections
Bipolar Disorder	Hay fever	Orthopedic problems	Other:
Bowel disease	Headaches	Pelvic infections	



Last Name: _____

First Name: _____

DOB: _____ Gender: _____

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

Lifestyle Review:

	YES	NO	COMMENTS
Do you use tobacco products (cigarettes, cigars, snuff/chewing tobacco, or e-cigarettes)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you usually drink more than 4 or 5 drinks in one social session?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you felt you ought to cut down on your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use marijuana, or any other street or recreational drugs? If so, what kind?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you do any regular physical activity? If so, what type and how often?	<input type="checkbox"/>	<input type="checkbox"/>	

Stress/emotional health

YES NO

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

If you answered yes to any of the above, please briefly explain: _____

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.

Do you have an advance directive? 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.