

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: _____

Number / Street _____ City _____ State _____ Zip code _____

Date of Birth: _____ / _____ / _____ Gender: _____ Cell Phone: _____

Month Day Year

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Relationship to student _____

Home Address: _____

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.

Student Name: _____ Date: _____

*Notice of Privacy Practice available at: <https://www.hampshire.edu/studentlife/hsforms.htm>

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 Services to provide such medical care as my minor child _____ may require while a student at Hampshire College including examinations, treatments, immunizations, 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: _____

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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: _____

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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)?			
Do you drink alcohol?			
Do you usually drink more than 4 or 5 drinks in one social session?			
Have you felt you ought to cut down on your drinking?			
Do you use marijuana, or any other street or recreational drugs? If so, what kind?			
Do you do any regular physical activity? If so, what type and how often?			

Stress/emotional health

YES NO

Have you experienced major life changes or stressors in the past year?			
Have you ever 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: _____

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:

<https://www.hampshire.edu/studentlife/hsforms.htm>