PARTON HEALTH SERVICES

Summer Health Form

Name: ____ **Gender**__________________

Date of Birth: ________/________/________ **Telephone:** _______/_______/________

Program: O Language Schools O Bread Loaf School of English O School of Environment

PERSONAL HEALTH HISTORY

	Yes	No	Year		Yes	No	Year		Yes	No	Year
Sinusitis				Jaundice or hepatitis				Eating disorder			
Hearing Loss				Kidney or bladder infection				Migraines			
Ear, nose, throat problems				Gallbladder/pancreatic problems				Frequent or severe headaches			
Eye trouble				Kidney stone				Epilepsy, seizures			
Fainting Spells				Missing kidney/ paired organ				Concussion/ head inj.			
Rheumatic Fever				Albumin or blood in urine				Learning disability			
Shortness of breath				Abnormal pap test				Attn Deficit Disorder			
Congenital heart disease				Fibrocystic breasts				Worry or anxiety			
Mitral valve prolapse				Irregular menstruation				Clinical depression			
Pneumonia				Sexually transmitted infection				Alcohol or drug use			
Asthma				Neck or back injury				Cigarette/tobacco use			
Chronic cough				Shoulder injury				Tumor or cancer			
TB/Positive TB test				Arm injury				Obesity			
Skin disease				Knee injury				Positive HIV test			
Hernia				Ankle injury				Malaria			
Irritable bowel syndrome				Other leg injury				Anemia or other Blood Disorders			
Stomach or intestinal problems				Arthritis, rheumatism, or bursitis				Mononucleosis			
Diabetes				Other orthopedic problems				Vegetarian			
Thyroid problems				Heat intolerance				Paralysis			

Comment on any YES answers:____

____

MEDICAL HISTORY

Date of last Tetanus Vaccine:____

Medications: list all medications that you take regularly. Include birth control pills, psychiatric medications, vitamins and minerals, nonprescription medications and supplements:_____________

____

Allergies: list known allergies and type of reaction.____

____

Hospitalizations: Have you ever been hospitalized for any surgical, medical or psychiatric illness?

☐ NO ☐ YES: Diagnosis and date:____

____

History of counseling or psychiatric care within the last six years:

☐ NO ☐ YES: Diagnosis and date:____ __

FAMILY HISTORY

Have your parents, siblings or grandparents had any of the following?

	Yes	No	Relationship		Yes	No	Relationship	Comments
Diabetes				Cancer (type:)				
High Blood Pressure				Sickle cell anemia				
Stroke				Thyroid disease				
High Cholesterol				Depression/mental illness				
Heart attack before 55				Liver disease				
Alcoholism				Other serious illness				

If parent or sibling is deceased, please list relationship to you, age at death, and cause of death:

____

If you are adopted and your health history is unknown, check here ☐.

SOURCES OF HEALTH CARE

(Include physicians, psychiatrists or other health care providers)

Name:	Name:
Field of Practice:	Field of Practice:
Address:	Address:
City: State:	City: State:
Telephone:	Telephone:
Fax:	Fax:

EMERGENCY NOTIFICATION

Please provide 2 emergency contacts with separate contact information

(1) Name ______________________

Relationship ______________________

Address ______________________

City, State, Zip ______________________

Telephone ______________________
Home
____
Work
____
Cell

(2) Name ______________________

Relationship ______________________

Address ______________________

City, State, Zip ______________________

Telephone ______________________
Home
____
Work
____
Cell

CONSENT FOR TREATMENT

My signature below indicates that:

- I consent to medical and nursing treatment by the Middlebury College Parton Health Services staff.
- The information on this form is correct and complete to the best of my knowledge.
- If I require services, prescriptions, or referrals beyond the primary care services available at Middlebury College Parton Health Service, I shall assume the financial responsibility or negotiate satisfactory arrangements with the caregiver.

Signature of student______________________________Date______________________

Signature of parent/guardian______________________________Date______________________

(Required if student is not yet 18 years old)