REGIS
CENTER FOR HEALTH AND WELLNESS

Student Health Forms Today's Date: _____/_____/_____

First Name:_____ Last Name:_____ D.O.B. _____/_____/_____

STUDENT HEALTH HISTORY FORM:

Health Issues: please check all that apply:

- ☐ ADHD
- ☐ Alcohol/ Substance Abuse
- ☐ Anxiety
- ☐ Asthma
- ☐ Autoimmune Disorder
- ☐ Cancer
- ☐ Concussion
- ☐ Depression
- ☐ Diabetes
- ☐ Eating Disorder Disorder
- ☐ Epilepsy/Seizure
- ☐ Fainting
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hearing Impaired
- ☐ Hypertension
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Mental Health
- ☐ Migraines
- ☐ Seizure Disorder
- ☐ Sickle Cell Disease
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Vision Impaired
- ☐ Other:

If you have checked off any of the above, or there is additional information on the youth's physical health, please provide details below or add additional papers/documents.

Comments:

_____

_____

_____

What type of diet are you following?

Please check all that apply:

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten Free
- ☐ Diabetic
- ☐ Other:_____ _____

Are you currently followed by a medical provider for a medical condition? **Yes** **No**

Reason(s):

Are you currently followed by a medical provider for a mental health condition? **Yes** **No**

Reason(s):

Have you had any surgical procedures? **Yes** **No**

If yes, list with dates:

ALLERGIES

Do you have any allergies? If so, please specify below, including the reaction. **Yes** **No**

Medication(s)/Reaction: **Yes** **No**

Food(s)/Reaction: **Yes** **No**

Other(s)/Reaction: **Yes** **No**

Do you carry an Epi-Pen? If yes, the student must arrive with two. **Yes** **No**

If you have indicated that you have a **medical condition, chronic illness or a concerning allergy**, we encourage you to contact the Regis Center for Health and Wellness at: 781-768-7290 to schedule a free consultation with one of our clinicians to discuss how they may be of assistance to you.