ARCADIA UNIVERSITY

REPORT OF MEDICAL HISTORY

To the Student: YOU HAVE BEEN ACCEPTED TO ARCADIA UNIVERSITY. This information is strictly for the use of Student Health Services and will not be released to anyone without your knowledge and consent.

Please complete this page before going to your health care provider for the physical examination. *Your health care provider must complete the Physical Examination and Immunization records.*

LAST NAME (Print) FIRST NAME MIDDLE INITIAL

PERSONAL HISTORY – PLEASE ANSWER ALL QUESTIONS – Please comment on all positive answers below (Use additional sheet if necessary**)**

Have you had?	Yes	No
Chicken Pox		
Measles		
German Measles		
Mumps		
Mononucleosis		
More than 10 lb. weight gain or loss in past year		
Females: menstrual problems		

Have you had?	Yes	No
Dental problems		
Eye problems		
Ear, nose, throat problems		
Asthma		
Seasonal Allergies		
Other medical problems (list):		

Have you had?	Yes	No
Head injury or Concussion		
Epilepsy/ seizures		
Migraines		
Anxiety or depression		
Sleep difficulty		
Eating disorder		
Alcohol/drug problem		
Learning disability		

Have you had?	Yes	No
Diseases/injury of joints		
Back problems		
Heart trouble/high blood pressure		
Stomach/intestinal problems		
Liver or kidney problems		
Skin problems		
Tumors or cysts		
Cancer		
Diabetes		

SOCIAL HISTORY (Comment below or use additional sheet if necessary)	Yes	No
Do you drink alcohol?		
Do you smoke cigarettes, cigars or use smokeless tobacco?		
Do you take medications on a regular basis? (List)		
Has your physical activity been restricted during the past five years? (Explain)		
Have you received treatment or counseling for alcohol or drug abuse, an eating disorder, depression or any other emotional problem? (Explain) Have you been hospitalized for any of the above?		
Have you had any significant illness or injury for which you have been treated or hospitalized other than already mentioned? (Explain)		
Do you have any additional information regarding your health, family history, or other matters:		

DRUG ALLERGY	Type of Reaction		Type of Reaction
☐ None		☐ Sulfa	
☐ Codeine		☐ Penicillin or Ampicillin	
☐Other Please Specify:		☐ Food allergy – please specify	

Student's Signature **Health Care Provider's Signature** Date

REMARKS OR ADDITIONAL INFORMATION (Use additional sheet if necessary):

Please note that Student Health Services (SHS) does not initiate, refill, or renew any psychiatric medications. Any psychiatric medication prescription must come from the prescribing provider. Prescriptions can be mailed into Wesley Pharmacy: 108 South Easton Rd., Glenside, PA 19038, called in at 215-887-4577 or faxed at 215-887-4505. Medications will be delivered to Student Health Services free of charge. Students must call Wesley Pharmacy and give them their health insurance information. Students can pay for prescriptions at SHS using cash, credit, debit, or student charge. Student Health Services is open weekdays only from 8:30-4:30. Please plan your prescription renewal ahead of time; remembering that SHS is closed on weekends, holidays, school breaks and in the summer. For questions/comments/clarifications please contact SHS at 215-572-2966 or SHS@arcadia.edu.