HEALTH HISTORY
SIERRA COLLEGE HEALTH SERVICES

Legal Name: _____ Preferred Name: _____ (if different)
Sierra College ID#: _____ DOB: _____ Height: _____ Weight: _____
Biological Sex: □ Male □ Female Gender Identity: _____ Preferred Pronoun: _____

	NONE
Current medication include over-the-counter& herbal: _____	□
Medication or food allergies (rash, hives, swelling): _____	□
Prior surgeries: _____	□
Hospitalization: _____	□
Have you ever been physically, emotionally, or verbally assaulted? □ Yes □ No	

FAMILY HISTORY Are you adopted? □ No □ Yes (Enter birth family history, if known)

Has anyone in your family had problems with the following? **M**=mother, **F**=father, **S**=sister, **B**=brother, **C**=children

No	Yes	Condition	Who	No	Yes	Condition	Who
		Anemia				Diabetes	
		Anxiety				Heart Attack	
		Arthritis				High Cholesterol	
		Bleeding				High Blood Pressure	
		Cancer				Schizophrenia/Bipolar	
		Depression				Stroke	

MEDICAL HISTORY **Have you had problems with:**

No	Yes	Current	Condition	No	Yes	Current	Condition
			Anemia				High Cholesterol
			Anxiety				Kidney Disease / Infection
			Asthma/Breathing Problems				Liver Disease / Hepatitis A, B, C
			Bladder Infection				Mental Health:
			Bleeding Problem				Depression/Anxiety
			Bone Injuries				Bipolar Disorder
			Breast lump/ Tumor/ Discharge				Schizophrenia
			Cancer:				OCD
			Depression				Suicide Thoughts & Attempts
			Diabetes				Seizure / Epilepsy
			Eating Disorder				Sexually Transmitted Infections
			Eye Problem (except glasses)				Skin Problems
			Gall Bladder				Thyroid
			Headaches				Tuberculosis
			High Blood Pressure				Other:

HABITS AND LIFE STYLE

Do you use:	Yes	No	Current	
Street Drugs				What drugs:
Tobacco: snuff, cigarette, hookah, vaping				What method: How much:
Alcohol				How many drinks per day: Per week:
Have you had problems with drugs or alcohol?				Explain:

Patient Signature_____ Date_____