ST MARY'S COLLEGE of MARYLAND
The National Public Honors College

Wellness Center Health Services – Health History Form

DUE: August 1st (Fall admission)
December 15th (Spring admission)

Please complete this form to the best of your knowledge. Once complete, upload to your SMCM Health Record portal.

Personal History

Allergies

Do you have allergies? ☐NO ☐YES

Do you have a prescription for an Epi-Pen? ☐NO ☐YES

Please list ALL allergies and reactions (list all medications, foods, environmental, etc.)

____

Medications

Please list all medications (prescription and over the counter), including dose

____
____
____

Past Medical history

Please list ALL medical conditions, including year diagnosed and treatment

____
____
____

Past Surgical History

Please list ALL surgeries and/or hospitalizations, including year

____
____
____

Do you smoke or use tobacco products?	☐NO	☐YES	How much per day? ______________________
Do you drink alcohol?	☐NO	☐YES	How much per week? ______________________
Do you exercise regularly?	☐NO	☐YES	How often? ______________________
Do you use recreational drugs?	☐NO	☐YES	How much per week? ______________________
			What drugs? ______________________

Family History

Has anyone in your immediate family or blood relatives had any of the following?

			Which Relative	Living? If no, specify ago and cause of death
High Blood Pressure	☐NO	☐YES	________________	________________________
Diabetes	☐NO	☐YES	________________	________________________
High Cholesterol	☐NO	☐YES	________________	________________________
Stroke	☐NO	☐YES	________________	________________________
Heart Attack	☐NO	☐YES	________________	________________________
Cancer	☐NO	☐YES	________________	________________________
Psychiatric Illness	☐NO	☐YES	________________	________________________