

SINDECUSE HEALTH CENTER

WESTERN MICHIGAN UNIVERSITY

CONFIDENTIAL HEALTH HISTORY

Welcome to the Sindecuse Health Center:

Parent/student please complete this form and mail back (address on page 2) All information will be kept strictly confidential and used only to provide safer, more complete medical care for our patients.

Date: _____ SS #: _____ Western ID (WIN)# _____
(or student number on admission letter from International Student Services)

Name: _____

Age: _____ Date of Birth: _____ Nationality: _____
Last (Family) First Middle
Month Day Year

Height: _____ Weight: _____ Sex: Male Female Email: _____

Permanent Home

Address: _____
Number & Street City State/Province Zip Code

Country Phone

Notify in Emergency: _____
Name Relationship

Number & Street City State/Province Zip Code

Country Phone

ADVERSE DRUG REACTIONS

Please list drug allergies and describe any adverse reactions you may have had.

MEDICINES

Please list any medicines you take regularly (include vitamins, minerals, herbal medicines, non-prescription medications, or contraceptives).

IMMUNIZATIONS

Indicate the most recent year you received the following immunizations or tests:

	Year		Year
Hepatitis A	_____	TB skin test <input type="checkbox"/> Neg <input type="checkbox"/> Pos	_____
Hepatitis B	_____	If positive, chest x-ray	_____
Measles/Mumps/Rubella	_____	BCG (TB Vaccine)	_____
Meningitis	_____	Tetanus/diphtheria (Td)	_____
Polio	_____	Varicella (chicken pox)	_____

ID# _____ Name _____

Western Michigan University
Sindecuse Health Center

FAMILY MEDICAL HISTORY

Have any of the following illnesses occurred in a blood relative (parents, brothers, sisters, grandparents)?

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcoholism, drinking problem | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Allergies/asthma | <input type="checkbox"/> Heart disease, heart attack | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Bleeding tendency | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Thyroid disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Depression/emotional concerns | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | | _____ |

PERSONAL MEDICAL HISTORY

Have you had or do you now have any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol, drug abuse | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart problem <input type="checkbox"/> Pace maker | <input type="checkbox"/> Musculoskeletal (sprain, fracture, injuries) |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Hay fever | <input type="checkbox"/> Hepatitis, jaundice | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Bleeding tendency | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Breast disease | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Thyroid problem |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney/bladder infection | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Depression/emotional concerns | <input type="checkbox"/> Malaria | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Migraine headaches | _____ |

- Previous Surgeries: Type(s)/Date(s) _____
- Tobacco use: How much? _____ How long have you used it? _____
- Previous Hospitalizations: Reason(s)/Date(s) _____

HEALTH INSURANCE

Western Michigan University requires all **international students** to carry insurance to cover medical expenses while in the United States. If you bring an insurance policy with you, the policy must be translated into English and cover you through August each year. The *minimum insurance* coverage must be \$50,000 with a deductible no higher than \$500. The insurance policy must be taken to the Health Center for approval each year. An insurance policy is available through Western Michigan University. CELCIS students please see CELCIS Chairperson.

We recommend **all students** have major medical health insurance for unforeseen illness and injuries. The student health fee provides for services at the Sindecuse Health Center at reduced rates but does not provide for any off-campus services. If you are in need of insurance coverage, the university offers an affordable plan. Call (269) 387-3266 for more information.

Every student should carry a copy of his/her **insurance card at all times**. Read and understand your insurance policy. If you belong to a health maintenance organization (HMO), check with your primary care provider to see if you can receive non-emergency health services from Sindecuse Health Center while at WMU.

The Health Center will submit claims to a limited number of insurance companies. We do not have signed billing agreements (we do not participate) with insurance companies. The insurance company should reimburse the policyholder, so the Health Center charges are the student's responsibility to pay. Students may place the charges on their University account.

Please mail form to:

Medical Records, Sindecuse Health Center, Western Michigan University, Kalamazoo, MI USA 49008-5445

ID# _____ Name _____

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