



Health Center

Welcome! We are a campus medical clinic for Gonzaga students. All Gonzaga students are eligible and no insurance is necessary. We are located at 704 E. Sharp (corner of Sharp and Dakota); hours are 8:00am-11:45am and 1:00-5:00pm Monday to Friday during the academic calendar. Tuesdays we open at 10:00am. If you visit the Health Center or another health care facility you or your insurance plan is responsible for the fees incurred. An insurance plan provided by Gonzaga is available in the Student Accounts office. Please complete this form and return it to the Health Center by August 1<sup>st</sup>.

**\*\*Please include a copy of your immunization records as well as a copy of your insurance card.\*\***

**PERSONAL HEALTH INFORMATION** NAME

List below the illnesses and medical problems for which you have been treated by a physician or other health professional. Include both past problems and current conditions.

Does anyone in your family have a history of \_\_\_Diabetes \_\_\_High Blood Pressure

**Allergies** \_\_\_\_\_ If reaction, what kind? \_\_\_\_\_

Illness, including those during childhood (i.e. chickenpox) \_\_\_\_\_

Disabilities \_\_\_\_\_  
(Please contact Disabilities Support Services 313-4072)

Injuries (fractures, etc.) \_\_\_\_\_

Emotional health problems (hospitalizations, suicide attempts, eating disorders, counseling experience) \_\_\_\_\_

Hospitalizations for \_\_\_\_\_

**Immunizations: See Reverse Side**

Medications presently taking \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Most recent physical examination \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ Most recent dental examination \_\_\_\_\_

Do you use alcohol? Never \_\_\_ Most recent eye examination \_\_\_\_\_

Monthly \_\_\_ Weekly \_\_\_ Daily

Do you have other problems not covered by this questionnaire that are of concern to you? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

(Name) (Phone) (Address)

Insurance Policy (Company Name and Policy Numbers) \_\_\_\_\_

