Student ID # _____

Semester beginning:
___Fall ___ Spring ___ Summer 20_____

NORTHERN MAINE COMMUNITY COLLEGE
HEALTH INVENTORY

Name_____ Age ___ Sex ___ Height ____ Weight ____
Date of Birth _____SS # _____ Phone _____
Address _____ City _____ State _____ Zip _____
Program of study _____
Insurance Provider _____ Certificate # _____
Subscriber's name _____ Group # _____
Relationship to subscriber _____

A. **Allergies** (to medicines, food, etc.) _____
B. Disabilities *(optional; documentation required if requesting specific accommodations)*
Physical _____
Mental _____
Learning _____
C. **Name <u>all</u> medications you take regularly**; include over the counter medication.
_____
D. Do you currently **smoke** tobacco or have you smoked tobacco in the last month: yes/no
E. How many drinks containing **alcohol** do you have on a typical day_____
Sleep hrs per night _____ **Exercise** (per week) hours _____
F. **Illnesses**: Check any that apply to you

____ Diabetes	____ Heart Trouble	____ Ulcers	____ Cancer
____ High Blood Pressure	____ Tuberculosis	____ Kidney/ Bladder Trouble	____ Bowel Disease
____ Gland Disease (thyroid)	____ Serious Infections	____ Lung Disease (asthma, Bronchitis)	____ Nervous Condition
____ Ear or Eye Trouble	_____ Other		

G. **Injuries**: Serious Injuries _____ Operations _____
Hospitalizations within the past year _____
H. **<u>Family History:</u>** Please indicate which member of the family:

_____ Diabetes	_____ Heart Trouble
_____ Cancer	_____ Bowel Disease
_____ Tuberculosis	_____ Ear or Eye Trouble
_____ Blood Disease	_____ Lung Disease
_____ Ulcers	_____ Kidney Disease
_____ Nervous Conditions	_____ Psychiatric Illness
_____ High Blood Pressure	

I. **Health History**: Check any of the following that have been a problem for you (Review of Systems)

1. **Respiratory**
__ sneezing or gasping
__ coughing spells
__ daily cough
__ cough up phlegm
__ cough up blood
__ frequent chest cold
__ excessive sweating

2. **Cardiovascular**
__ rapid heartbeat
__ chest pains
__ dizzy spells
__ shortness of breath
__ swollen feet/ankles
__ leg cramps
__ hot flashes
__ heart murmurs

3. **Digestive**
__ pain in rectum
__ bloated stomach
__ stomach pains
__ vomited blood
__ difficulty swallowing
__ constipation
__ loose bowels
__ black stools/rectal bleeding
__ gray stools
__ heartburn

4. **Ears**
__ trouble hearing
__ earaches
__ discharge
__ ringing in ears
__ motion sickness

5. **Nose and Throat**
__ poor sense of smell
__ congested nose
__ running nose
__ frequent head colds
__ nose bleeds
__ enlarged tonsils
__ hoarse voice

6. **Mouth**
__ bleeding gums
__ dental problems
__ swelling of gums/jaws
__ sore tongue
__ taste change

7. **Skin**
__ cysts or lumps
__ itching or burning
__ acne
__ easy bleeding
__ easy bruising

8. **Head and Neck**
__ frequent head aches
__ neck pains
__ neck lumps
__ swelling

9. **Eyes**
__ glasses
__ blurred vision
__ eyesight worse
__ double vision
__ see halos
__ eye pain or itch
__ watery eyes

10. **Neurological**
__ fainting
__ numbness or tingling
__ convulsions or fits
__ change in handwriting
__ tremors or shaking
__ stroke

11. **Musculoskeletal**
__ aching muscles/joints
__ swollen joints
__ weakness

12. **Urinary**
__ frequent urination
__ burning on urination
__ brown, black, or bloody urine
__ difficulty starting urine
__ urgency

13. **General/Emotional**
__ weight change
__ sleeping difficulties
__ Increased fatigue
__ increased/decreased appetite
__ lack of exercise
__ heavy coffee, tea, or soda drinker

14. **For Women Only**
__ painful periods
__ lumps in breasts
__ bleeding between periods\vaginal discharge
Method of birth control_____

Please note any medical conditions that were not covered on this questionnaire. (Attach additional sheets, if necessary)

_____

_____

I authorize N.M.C.C Health Center to medically treat or refer _____ as deemed necessary.
Student name

Signature _____ Date _____ Emergency Contact # _____
Parent/Guardian (*if under 18 years old*)

Signature _____ Date _____ Emergency Contact # _____
Student

Return to: Admissions
NMCC
33 Edgemont Drive
Presque Isle, ME 04769