UNT EST. 1890 | STUDENT HEALTH & WELLNESS CENTER Division of Student Affairs

healthcenter.unt.edu // (940) 565-2333

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Medical History and Authorization to Treat

Legal Name (Last, First, MI): _____ Preferred Name: _____

DOB: _____ Student ID: _____ Cell Phone: _____ Are you a minor? (under 18) _____

Gender: _____ If your sex-assigned-at-birth differs from your gender, please specify: _____ Pronouns: _____

When and where did you attend high school? _____

List any allergies you have (medication, foods, pollen, etc.), including your allergic reaction: _____

_____

Do you use any of the following: □ Alcohol □ Marijuana □Tobacco □ Other drugs

If you are a smoker, are you ready to quit? □ Yes □ No

List any surgeries you have had: _____

List any overnight hospital admissions, including psychiatric: _____

List any medications (including over-the-counter) and/or supplements you take regularly: _____

_____

Have you received the usual immunizations required by public schools? □ Yes □ No □ Not sure

Are you under the care of a healthcare professional for any chronic or ongoing illness (for example, diabetes, asthma, heart problems, epilepsy, etc.)?

□ Yes □ No If yes, please list: _____

Has any immediate biological family (parents, siblings) experienced the following:

□ Heart disease □ Blood clotting disorders □ Tuberculosis □ Cancer □ Sudden death □ Mental health disorder

□ Other: _____

Have you ever had any of the following:

□ Physical or emotional abuse	□ ADD/ADHD	□ Alcohol abuse	□ Anemia
□ Anxiety	□ Arthritis	□ Asthma/lung disease	□ Autoimmune Disorder
□ Bleeding disorder	□ Blood clotting disorder	□ Cancer	□ Dengue fever
□ Depression	□ Dermatological problems	□ Diabetes	□ Eating disorder
□ Fainting or loss of consciousness	□ Gynecological disorder	□ Head injury/concussion	□ Heart problem/heart murmur
□ Hepatitis	□ High or low blood pressure	□ Hives/urticarial/anaphylaxis	□ Kidney disorder
□ Malaria	□ Migraines	□ Mononucleosis	□ POTS
□ Psychiatric/psychological disorder	□ Seizures	□ Stomach/intestinal disorder	□ Thyroid disorder
□ Typhoid fever	□ Vision or hearing problems	□ Tuberculosis	

□ Other: _____

If you would like to give more detail on any of your answers, please do so here:

_____

_____

Emergency Contact (Please indicate the <u>nearest</u> relative or friend that we may contact on your behalf in the event of an emergency):

Name: _____ Relationship: _____ Phone: _____

Authorization for Treatment (if patient is over 18 years of age)

I do hereby consent, authorize, and request Student Health and Wellness Center personnel, physician, mental health representative, other medical representative to whom referral is made, and/or contracted staff (including massage therapists) to conduct treatment and/or provide services which they may deem advisable in the event I should require medical or wellness care while a student at the University of North Texas. I also agree to pay all charges incurred at the time of service.

Patient Long-Term Signature Authorization

I hereby authorize the release of any medical information in order to process my medical insurance claims. I authorize payment of medical benefits to the Student Health and Wellness Center. I also authorize the Student Health and Wellness Center to release medical information as necessary for continued treatments. The person giving this authorization may revoke such authorization at any time in writing. Photocopies of the authorization may be used in place of the original.

Eligibility for Services

Students who are enrolled at UNT are allowed access to the Student Health and Wellness Center.

Students who are no longer enrolled at UNT are no longer eligible to use the services provided at the Student Health and Wellness Center.

Students are allowed to have one follow-up visit to provide continuity of care from a previous medical visit during the first semester of non-enrollment by paying an associated charge. Additional follow-up visits will only be scheduled if they are deemed medically necessary by the provider.

Anticipated Date of Graduation: _____

Address Update Information

It is the responsibility of the student to provide accurate, updated address information at all times to the University. Failure to do so constitutes a breach of the Student Code of Conduct. Any student who changes their address must notify the Registrar's Office immediately or update their information at my.unt.edu.

By signing this document, I acknowledge that I understand all of the above information as it is written.

Signature: _____ Date: _____

Witness: _____ Date: _____