Student Health Services
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Loch Sheldrake, NY 12759
Tel: (845) 434-5750 ext. 4247
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SULLIVAN COUNTY COMMUNITY COLLEGE
S • U • N • Y

Medications and Medical History

Name:_____ Allergies: No____ Yes____

To what?_____

Emergency Contact:_____ Relationship_____

Phone_____ Cell_____ Work_____

Primary Physician_____ Address_____

_____

Phone:_____ Fax_____

Current Medications: *Please list any medications that you are now taking. Include non-prescription medications & vitamins or supplements. Need more space? Continue on back please.*

NAME OF DRUG	DOSE	HOW LONG HAVE YOU BEEN TAKING?

Past Medical History: *Do you now or have you ever had:*

__Diabetes
__High Blood Pressure
__High Cholesterol
__Hypothyroidism
__Goiter
__Cancer(type)_____
__Leukemia
__Psoriasis
__Angina
__Heart Problems
__Heart Murmur
__Pneumonia
__Pulmonary embolism
__Asthma
__Emphysema
__Stroke
__Epilepsy/Seizures
__Cataracts
__Kidney Disease
__Kidney Stones
__Crohn's Disease
__Colitis
__Anemia
__Jaundice
__Hepatitis
__Stomach or Peptic Ulcer
__Rheumatic Fever
__Tuberculosis
__HIV/AIDS