

Cape Cod Community College – Project Forward
 MEDICAL HISTORY/FAMILY PROFILE– 2015-2016

Last Name (print)	First Name	Middle Initial	(Maiden)	Home Phone
Address		City	State	Zip

____/____/____ Sex: M F
 Date of Birth

In case of emergency, please notify	Address	Home Phone	Work Phone	Cell Phone
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Current Medications/Drugs:

Family History:

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
Children	_____	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____	_____

Student's Personal History:

	Yes	No
Cardiac Device	___	___
VNS Device	___	___
Down Syndrome	___	___
Prader Willi	___	___
Seizure Disorder	___	___
Encephalopathy	___	___
PDD	___	___
Autism	___	___
Asperger's Syndrome	___	___
Hearing Impairment	___	___
Visual Impairment	___	___
Legally Blind	___	___
Fetal Alcohol Syndrome	___	___
Anxiety	___	___
Depression	___	___
Schizophrenia	___	___
OCD	___	___
Delusions/Hallucinations	___	___
ADHD/ADD	___	___
Bipolar	___	___

Allergies

	Yes	No
Bees	___	___
Foods (list below)	___	___
Animals (list below)	___	___
Latex	___	___
Drug Allergies (list below)	___	___
Yes No	___	___
Student carries an EpiPen	___	___

Food Allergies: _____
 Animal Allergies: _____
 Drug Allergies: _____
Other/Comments: _____

 Signature of Student or Parent/Guardian

 Date

Insurance Company Name and Policy or write N/A if you do not have medical insurance

 Health Ins. Name Policy #