



Health History Form for New Students

page 2: Accessing the Health History Form

page 5: Filling Out the Health History Form

page 9: Submitting the Health History Form



NYU

Student
Health Center

Health History Form for New Students

Accessing the Health History Form

1. Go to <https://shcportal.nyu.edu/>
2. Login with your **NYU NetID** and your **password for NYUHome**.

New York University

Welcome to Online Health Services | [Logout](#)



NYU

StudentHealthCenter

Please enter your NetID and password.

Netid:

Password:

Proceed

Cancel

Please login using your university-assigned Netid and password.

3. Confirm your university ID number ("N Number"). Be sure to include the N!

Welcome, Test Patient12.5 | [Logout](#)



NYU

StudentHealthCenter

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your Student ID (N#):

N00000001

Proceed


Cancel


**NYU**Student
Health Center

Health History Form for New Students

4. You will now be on the Student Health Center Portal home page. Click the Forms link on the left.

Welcome, Test Patient12.5 | [Logout](#)


StudentHealthCenter



[Home](#)
[Profile](#)
[Appointments](#)
[Messages](#)
[Forms](#)
[Survey Forms](#)
[Medical Records](#)
[Immunizations](#)

Welcome to NYU Student Health Center Online Portal

At the NYU Student Health Center we believe that your health is a vital part of your academic experience. Our team is committed to partnering with you to enhance your health and well-being throughout your career at NYU. This secure web portal provides you access to a number of health related activities including pre-matriculation health history, online appointment scheduling*, and secure communication with your healthcare provider.

**Please note that currently not all online functionality is available at all sites throughout the global network.*

We encourage all students with medical or mental health questions or concerns to reach out to the appropriate resource on the campus where they are currently located. However, all students are also assigned to a Primary Care Provider (PCP) at our main location at the Washington Square campus. All students have the right to change their PCP at any time by clicking [here](#) or by using the **Profile** tab on the left. Your PCP's appointments will show up preferentially when booking appointments online, and this person can be a great resource for you during your time at NYU.

If your address or contact information is incorrect, please go to [Albert](#) to make the necessary corrections.

To complete your **online health history form** (for all pre-matriculation students only), click [here](#) or on the **Forms** tab on the left.

To schedule, change, or cancel an **appointment** for our Washington Square location, click [here](#) or on the **Appointments** tab on the left.

While same day appointments are available for most of our medical services at our Washington Square location, please call 212-443-1000 (day or night) if you have an urgent medical concern.

For emergency medical assistance, please call your local emergency number.

To view your **immunization history**, click [here](#) or on the **Immunizations** tab on the left.

To view the information we have on file regarding your allergies, medications or medical history, click [here](#) or on the **Medical Records** tab on the left.

To send a secure message to your medical provider or to a member of your care team, click [here](#) or on the **Messages** tab on the left.



5. You will now be on the Health History Form Requirements page. Review the information, then click the Health History Form for New Students link at the bottom of the page when you are ready to complete the form.

New York University

Welcome, Test Patient12.4 | [Logout](#)

Health History Form Requirements



NYU

StudentHealthCenter

Name: Patient12.4, Test

School:

ID Number: X02102014



Before you begin your studies at **New York University** you must complete certain health requirements, including your Health History Form.

NYU Abu Dhabi Students: For additional health requirements or information, please see the NYUAD Student Portal [here](#).

Important General Information

This health history form is critical to help us understand the health care needs of students so that we can proactively offer treatment and/or referral planning. Additionally, if there are specific health, mental health, or other concerns about the transition to life at NYU, including any of our global sites, we encourage students and their families to indicate those concerns to us on the form.

Please be as forthcoming as possible - the more information we have, the better positioned we are to help if a problem develops during your transition, whether you will be in New York or abroad.

Confidentiality Statement

This information will be available to New York University Health and Wellness professionals. This information will not be shared with other offices within NYU or released to individuals outside of the University without your permission, except in response to a court order as required by law (including certain situations relating to public health and child abuse), or as necessary, in our professional judgment, in case of emergency.

Disclaimer

The completion of this form does not create a contract of any kind. The information provided on this form may be used in evaluating your ability to participate in any of the University's study abroad programs. Any omission or misrepresentation in this form may result in exclusion or removal from a study abroad program.

- Health History Form for New Students

Please note that your session will automatically end after you have been idle for 10 minutes. To avoid losing any information entered, use the Save Partial button at the end of the form.

Prior to opening these pages to complete your health history form:

1. Gather your health records, including medication records.
2. Review your records and your family health history with family members.

Form Name

[Health History Form for New Students](#)

Status

Not Yet Complete:

Please provide the requested information with special attention to the required fields.

**NYU**Student
Health Center

Health History Form for New Students

Filling Out the Health History Form

1. You will now be in the Health History Form. Please note that your session will automatically end after you have been idle for 10 minutes. To avoid losing any information entered, use the “Save Partial” button at the end of the form (see page 9)—this will take you back to the Forms page and you can reopen the Health History Form.
2. Please complete each section: personal medical history, family medical history, prior hospitalizations/surgeries/procedures, medications, and allergies.



StudentHealthCenter

Health History Form for New Students

Welcome, Test Patient12.5 | [Logout](#)

Health History Form

All incoming students must complete this form
(ALL INFORMATION IS CONFIDENTIAL)



Personal Medical History

Please mark all past or current personal medical problems, allergies, and medications. You will have the opportunity to enter a onset date, age at onset, and/or comment.
If you have no past or current personal medical problems, please mark the appropriate starred (**) box under each category.

Medical History	Mental Health History	Medications (Frequent or Regular)
<input type="checkbox"/> **No medical problems <input type="checkbox"/> Absent periods <input type="checkbox"/> Allergic rhinitis/Hay fever <input type="checkbox"/> Asthma <input type="checkbox"/> Back Pain <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Diabetes, Type I <input type="checkbox"/> Diabetes, Type II <input type="checkbox"/> Endometriosis <input type="checkbox"/> Gastrointestinal problems <input type="checkbox"/> Head injury with unconsciousness <input type="checkbox"/> Hearing problem <input type="checkbox"/> Heart disease	<input type="checkbox"/> **No mental health problems <input type="checkbox"/> Anxiety disorder <input type="checkbox"/> Bipolar disorder <input type="checkbox"/> Depression <input type="checkbox"/> Eating disorder <input type="checkbox"/> Psychosis/Schizophrenia <input type="checkbox"/> Suicide attempts Allergies: Drugs & Other Severe Adverse Reactions <input type="checkbox"/> **No known allergies <input type="checkbox"/> *Other allergies not listed below <input type="checkbox"/> Acetaminophen (Tylenol, Paracetamol) allergy	<input type="checkbox"/> **No current medications <input type="checkbox"/> *Other medications not listed below <input type="checkbox"/> Acne medication <input type="checkbox"/> Allergy shots <input type="checkbox"/> Antianxiety medication <input type="checkbox"/> Antidepressants <input type="checkbox"/> Antipsychotic/Mood stabilizing medication <input type="checkbox"/> Asthma medication <input type="checkbox"/> Birth control medication <input type="checkbox"/> Bowel/Stomach medication <input type="checkbox"/> Headache medication <input type="checkbox"/> Heart rhythm medication <input type="checkbox"/> Insulin

3. When you select an item under Personal Medical History, you will see a pop-up where you can enter an onset date, age at onset, and/or comment. If you do not know the onset date or age of onset, you can leave the items blank. When you are finished entering details, click Add.

Please enter problem details

Allergic rhinitis/Hay fever

Approx Onset Date

Approx Age at Onset

Comment



4. When you select an item under Family Medical History, you will see a pop-up where you can enter the relative, age at onset, and/or outcome. If you do not know any the information, you can leave the items blank. When you are finished entering details, click Add.

Please enter problem details

Heart disease

Relative:

Approx Age at Onset

Outcome

Add Cancel

5. Items you have added are displayed below the checklist. To make any changes to the details for an item, click “edit”. To remove an item from the list, click “delete.”

☐ Tuberculosis

☐ Vision problem

Allergic rhinitis/Hay fever: @12 [edit](#) [delete](#)

**No known allergies: [edit](#) [delete](#)

**No current medications: [edit](#) [delete](#)

Depression: 8/2010 [edit](#) [delete](#)

Asthma: @13 [edit](#) [delete](#)

Additional personal history comments, if needed:



6. Enter any past hospitalizations, surgeries, or procedures. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you have had no hospitalizations, surgeries, or procedures, type “No Surgeries” in the Description box.

Hospitalization/Surgery/Procedures
Include both out-patient and in-patient (overnight) hospitalizations, surgeries, and surgical procedures. If you have had NO hospitalizations, surgeries, or surgical procedures, type "No Surgeries" in the Description box below.

#	Description	Approx Date	
1	appendectomy	8/2010	x delete
add more			

Additional hospitalization or surgical history comments, if needed:

7. Enter any medications – both prescription and non-prescription (over-the-counter) – you are currently taking and include the dosage. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you are currently taking no medications, type “No Medication” in the Name of Medication box.

Medications
List all prescription and non-prescription medications you take.
If you take NO medications on a regular basis, type "No Medication" in the Name of Medication box below.

#	Name of Medication	Dosage of Medication	
1	No Medication		delete
add more			



8. Enter any medication or other significant allergy you have and include the reaction (rash, anaphylaxis, etc.) as well as the approximate onset date. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you have no allergies, type “No Allergies” in the Name of Substance box.

Allergies

Include any medication and/or other allergy of significance, such as latex, foods, dyes., etc.

If you have NO allergies, please type "No Allergies" in the Name of Substance box below.

Name of Substance

Type of Reaction

Approx Date of
Onset

1

Penicillin

rash

Childhood



delete

add more



Submitting the Health History Form

1. If you need to stop filling out the Health History Form and come back later, use the Save Partial button at the bottom of the form.

Thank you for submitting your Health History Form!

Submit Final

Click here to submit the final content of the form

(You cannot change items after the form has been submitted.)

Save Partial

Click here to save the intermediate content of the form

(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Cancel

Click here to cancel entering the form

(Currently entered changes will not be saved.)

You will receive a confirmation that your progress has been saved. Clicking Proceed will take you to the Student Health Center Portal home page.

Welcome, Test Patient12.5 | [Logout](#)

Health History Form for New Students Saved

The Health History Form for New Students has been successfully saved in a partially complete state.

Proceed



2. When you are ready to submit your Health History Form, click the Submit Final button. Once you submit the final form, you cannot make any changes.

Thank you for submitting your Health History Form!

Submit Final**Click here to submit the final content of the form**

(You cannot change items after the form has been submitted.)

Save Partial**Click here to save the intermediate content of the form**

(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Cancel**Click here to cancel entering the form**

(Currently entered changes will not be saved.)

You will receive a confirmation that your form has been submitted successfully.

Welcome, Test Patient12.5 | [Logout](#)

Health History Form for New Students Completed

The Health History Form for New Students has been successfully submitted.

Proceed