

Health History Report

THIS FORM MUST BE COMPLETED PRIOR TO MOVING INTO ANY DORMITORY AND STARTING CLASSES

CONFIDENTIALITY NOTICE			
The information contained on this form is legally privileged and confidential and is intended only for the use of Edgewood College Health Center. The copying or distribution of this document is prohibited.			
Name (Last)		(First)	MI
			Student I.D. #
Date of Birth	Age	Citizenship (Specify Country)	Student Cell Phone #
		US Other	()
PART 1. TREATMENT CENTERS			
Consult your insurance carrier to identify covered facilities within a 50-mile radius of Edgewood College. This enables us to provide appropriate referrals and helps avoid the need to search for this information in an urgent situation. If you do not have coverage within the region, we recommend you consider the student health plan. Since students are a healthy group in general, insurance premiums tend to be relatively low and may offer a savings over group family plans. See www.wpsic.com/waicu/ for plan information.			
	EMERGENCY ROOM	URGENT CARE	PRIMARY CARE CLINIC
FACILITY NAME			
PROVIDER NAME			
ADDRESS			
TELEPHONE			
PART 2. STUDENT VERIFICATION			
By signing below, I am affirming that I have read the enclosed information regarding Hepatitis B and Meningitis. I am also certifying that the information on this form is complete and accurate to the best of my knowledge.			
_____		_____	
Student signature		Date	
PART 3. AUTHORIZATION FOR TREATMENT			
<i>This is to be completed and signed by students that are under eighteen years old and must have the signature of the student's parent/guardian.</i> In case of serious illness or accident, I give Edgewood College or its representative(s) permission to secure medical and/or surgical care to include transportation to a physician or hospital of their choice, examination, medication, and surgery that is considered necessary for my good health. I agree to be responsible for all medical costs. In the event of a non-serious condition requiring minor care, I approve of care by the College's licensed professional nursing staff.			
_____		_____	
Student signature		Date	
PART 4. ONLINE PERSONAL HEALTH HISTORY AND IMMUNIZATIONS			
Complete the steps on page two to provide your complete personal health history and immunization history to the Health Services department. Immunization data is required by law.			
I have completed the online health history form in its' entirety.			

Student initials			

Please return completed form to:
EDGEWOOD COLLEGE Health Services 1000 Edgewood College Drive Predolin 208 Madison, WI 53711
Fax: (608) 663-3394

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INSTRUCTIONS: ONLINE HEALTH HISTORY FORM

By signing below, I am affirming that I have read the enclosed information regarding Hepatitis B

Register in the Health Services system

1. Navigate to <http://14456.portal.athenahealth.com>
2. In the bottom left corner, click the "Sign up today" link
3. Complete the fields under the "Enter Information" step and click continue
4. Retrieve the temporary passcode from your email and enter it, click continue
 - a. The system may find you registered already if your information has been ported from the Edgewood registrar system. If so, go on to step 5.
 - b. If your information has not yet been ported from the registrar, you will Register as new patient. Choose "Kimberly A Moreland," our primary NP as the provider, click continue.
5. Create a password. Retain password so that you can use it to make appointments in the health center.

Login to Patient Portal

6. Login to the Patient Portal

Schedule a New Student Registration "appointment" (This is not an actual appointment)

7. Click "Appointments" in the left hand navigation
8. In the "Select Reason" dropdown box, choose "more reasons"
9. In the blue box, select the "Testing" radio button then click "Find appointments"
10. Choose any medical assistant appointment slot within the next 7 days and click "Schedule Now."

Complete self-check-in

11. Click "Home" at top left
12. Under "Upcoming" appointment in the middle of the page, find your "New Student Registration" appointment and click "Check in" at right.

Complete online health history

13. Follow the on-screen instructions to complete your medications, allergies, immunizations, personal medical history, surgical history, and family medical history.
14. Select "Submit"