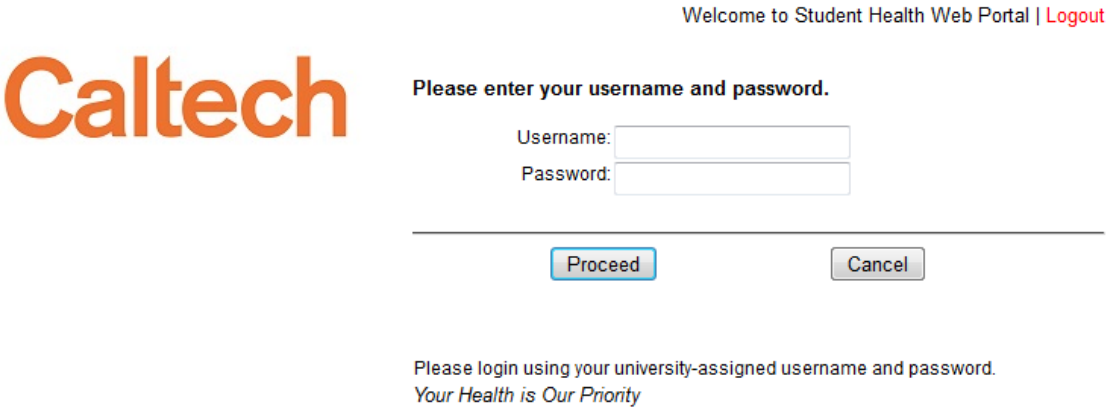
**STUDENT HEALTH SERVICES**
1239 Arden Rd., Mail Code 1-8, Pasadena, CA, 91125
626-395-6393 - Phone  626-585-1522 - Fax

**STUDENT HEALTH FORM 2017-2018**
**PART 2: MY CALTECH HEALTH PORTAL**

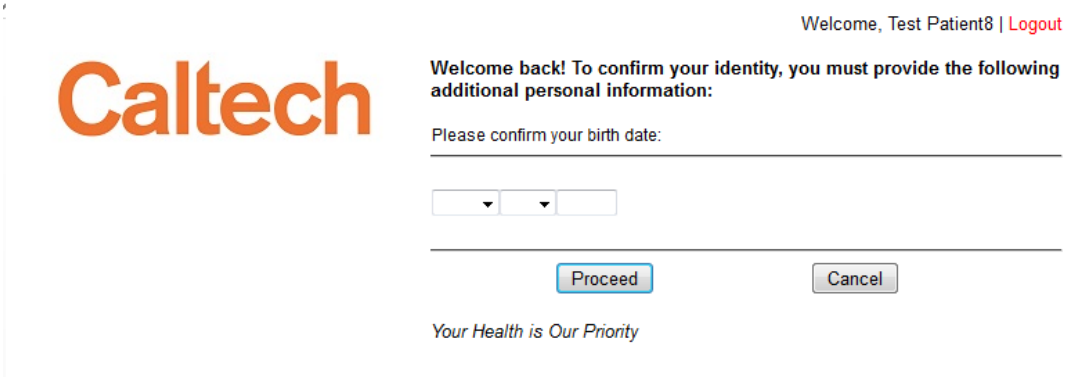
*To complete the second part of your student health form please follow these instructions. If you have any questions please contact Student Health Services at 626-395-6393 or email healthforms@caltech.edu.*

1. Go to the student health portal: https://mycaltechhealth.caltech.edu

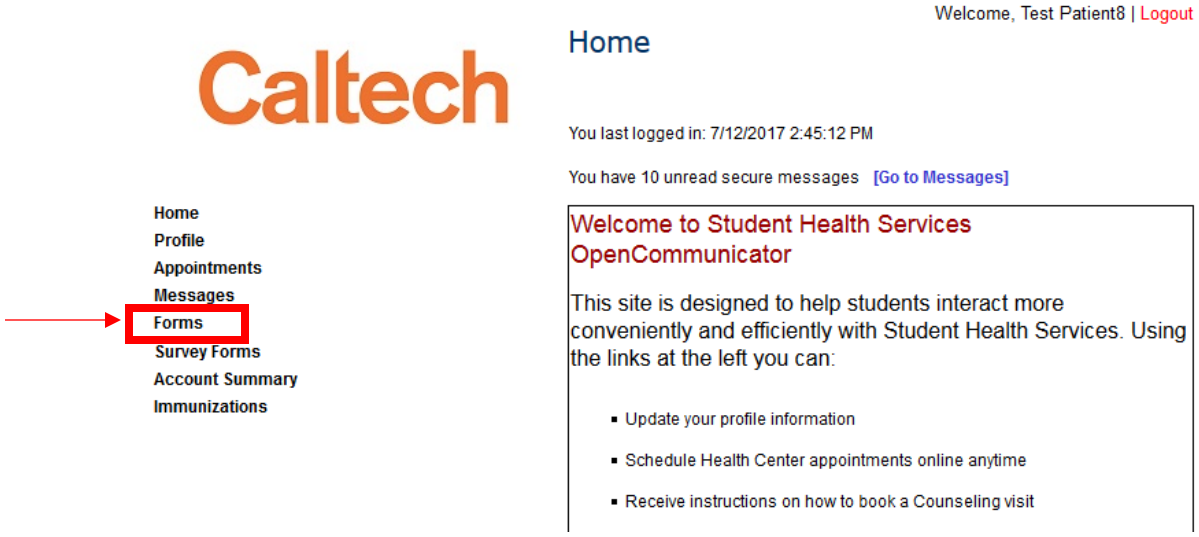
2. Using your access.caltech credentials, log in.
    a. Your user ID is your Caltech email without "@caltech.edu"



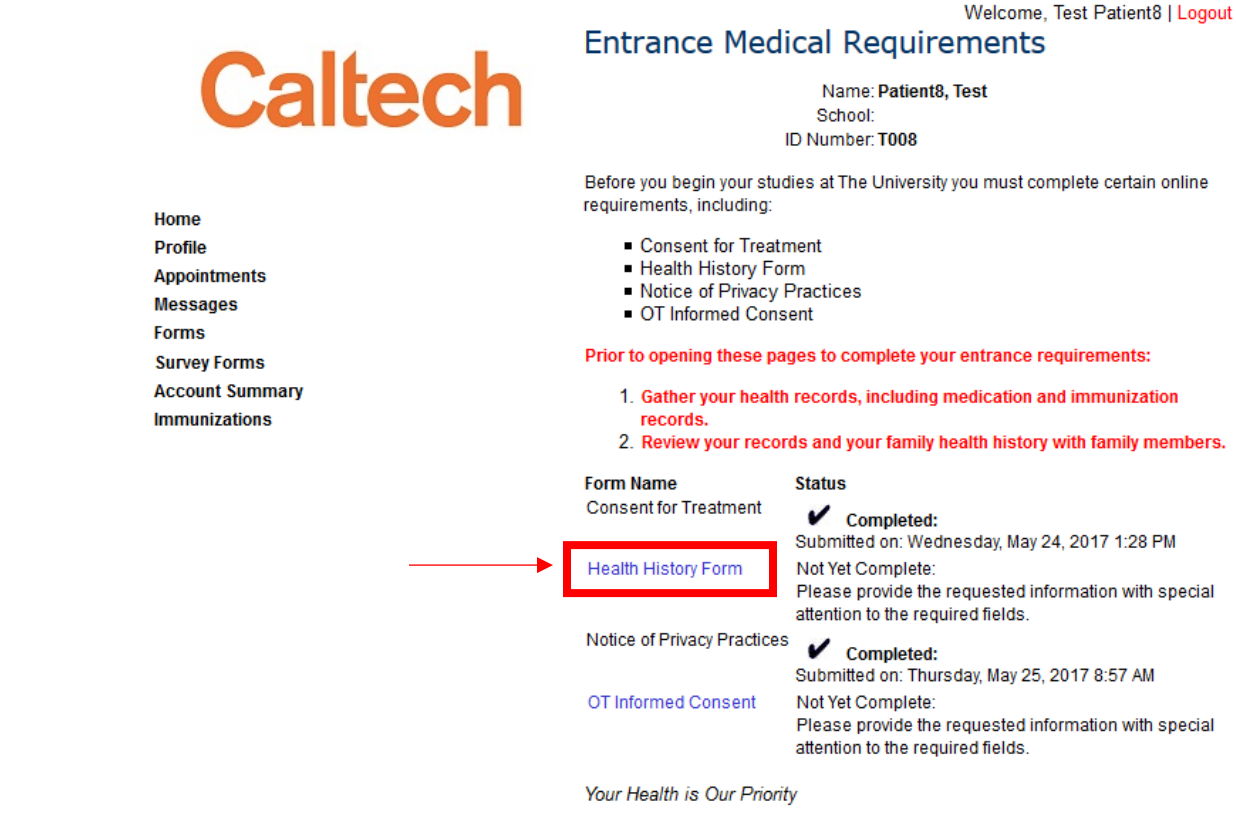

3. Enter you date of birth



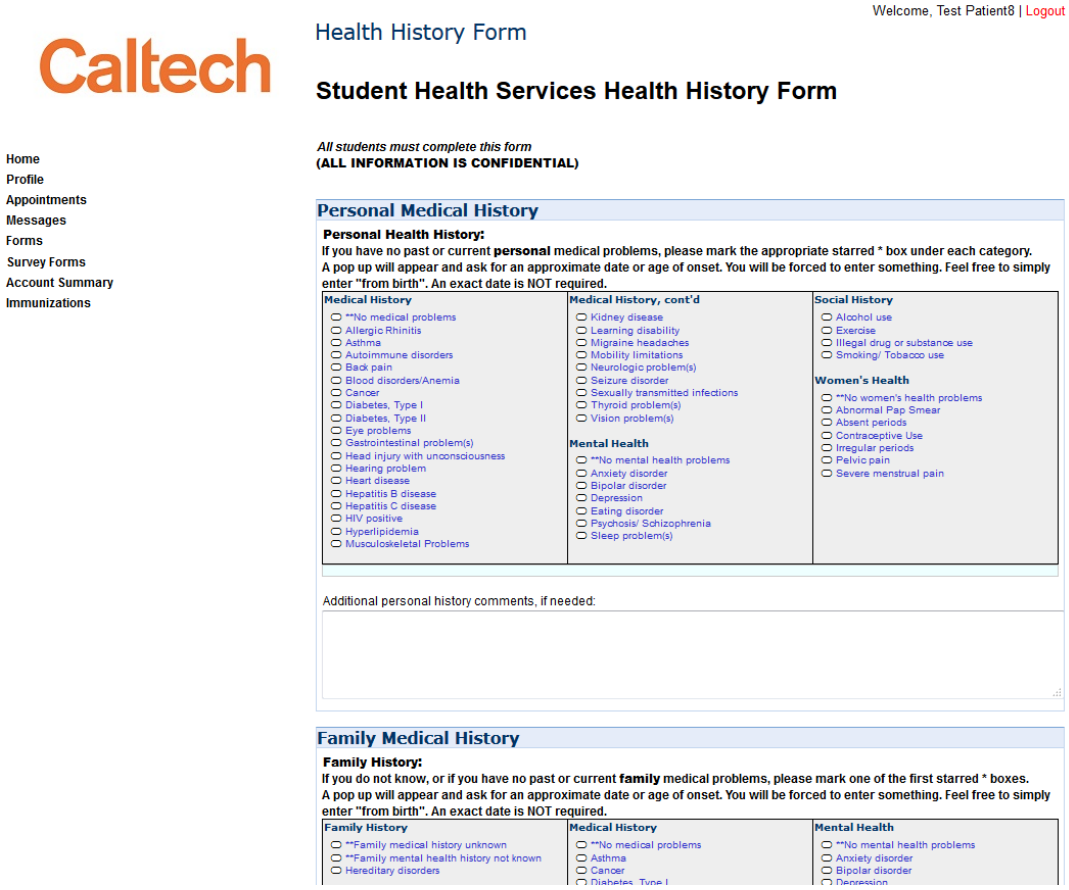
4. Once you have logged in. Click on FORMS




5. Click on HEALTH HISTORY FORM



6. Begin completing your “Student Health Services Health History Form”



Welcome, Test Patient8 | Logout

Caltech

Health History Form

**Student Health Services Health History Form**

- Home
- Profile
- Appointments
- Messages
- Forms
- Survey Forms
- Account Summary
- Immunizations

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

**Personal Medical History**

**Personal Health History:**
If you have no past or current **personal** medical problems, please mark the appropriate starred * box under each category.
A pop up will appear and ask for an approximate date or age of onset. You will be forced to enter something. Feel free to simply enter "from birth". An exact date is NOT required.

| Medical History | Medical History, cont'd | Social History |
|---|---|---|
| **No medical problems | Kidney disease | Alcohol use |
| Allergic Rhinitis | Learning disability | Exercise |
| Asthma | Migraine headaches | Illegal drug or substance use |
| Autoimmune disorders | Mobility limitations | Smoking/ Tobacco use |
| Back pain | Neurologic problem(s) | |
| Blood disorders/Anemia | Seizure disorder | **Women's Health** |
| Cancer | Sexually transmitted infections | **No women's health problems |
| Diabetes, Type I | Thyroid problem(s) | Abnormal Pap Smear |
| Diabetes, Type II | Vision problem(s) | Absent periods |
| Eye problems | | Contraceptive Use |
| Gastrointestinal problem(s) | **Mental Health** | Irregular periods |
| Head injury with unconsciousness | **No mental health problems | Pelvic pain |
| Hearing problem | Anxiety disorder | Severe menstrual pain |
| Heart disease | Bipolar disorder | |
| Hepatitis B disease | Depression | |
| Hepatitis C disease | Eating disorder | |
| HIV positive | Psychosis/ Schizophrenia | |
| Hyperlipidemia | Sleep problem(s) | |
| Musculoskeletal Problems | | |

Additional personal history comments, if needed:

**Family Medical History**

**Family History:**
If you do not know, or if you have no past or current **family** medical problems, please mark one of the first starred * boxes.
A pop up will appear and ask for an approximate date or age of onset. You will be forced to enter something. Feel free to simply enter "from birth". An exact date is NOT required.

| Family History | Medical History | Mental Health |
|---|---|---|
| **Family medical history unknown | **No medical problems | **No mental health problems |
| **Family mental health history not known | Asthma | Anxiety disorder |
| Hereditary disorders | Cancer | Bipolar disorder |
| | Diabetes, Type I | Depression |