


First Name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Student/Employee ID: \_\_\_\_\_

# Health Questionnaire

The information you provide in this **confidential** questionnaire will help us understand your health situation so as to better meet your health care needs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Present and past health history	Yourself		If "YES" specify	Immediate Family		If "YES" specify
	YES	NO		YES	NO	
Allergies						
Do you smoke, use tobacco or vape?			Quit Date:			
Mental health issues						
Diabetes						
High cholesterol/Triglycerides						
Heart disease, heart attack, or stroke						
High blood pressure						
Cancer						
Neurological problem including concussions, headaches						<b>Lifestyle/habits</b> How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons (for example, because of the experience or feeling it caused)? _____ In the past year how many times have you used marijuana? _____ <b>Please turn over for questions related to your alcohol use</b>  What are you doing to prevent pregnancy? What are you doing to protect yourself against sexually transmitted infections? not sexually active yet <input type="checkbox"/> Have you ever had a sexually transmitted infection (STI)? Date of last STI testing: How would you describe your diet? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good How many hours of physical activity do you do each week? _____ hours
Thyroid problems						
Lung problems						
Stomach/bowel problems						
Kidney/bladder problems						
Genital problems						
Breast problems						
PAP test			Date of last Pap:			
Abnormal result						
Other health condition or surgery						
<b>Routine Adult Vaccines</b>						
Being a healthy adult includes keeping your vaccines up-to-date. <b>GATHER</b> your vaccine info (e.g. find your childhood vaccine booklet; ask your parent/guardian to scan, copy, or send you photos of the inside pages, etc.). <b>UPLOAD</b> your records to your Virtual Care at Concordia account. Then <b>BOOK</b> an appointment to discuss the vaccines you need with one of our nurses. (Turn over for more information)						
Did you receive your childhood vaccines?						
Have you received the HPV vaccine?			# of doses:			
Have you received the Hep B vaccine?			# of doses:			
Have you received the tetanus vaccine?			Date:			
Do you live in Residence?						
Chicken pox infection or vaccine			Age of infection:			
Covid-19 infection or vaccine			# of doses:			

Do you currently take medications?  Yes (please list)  No

### (Grey section for administration only)

Vaccines discussed. Date: \_\_\_\_\_





Lifestyle/habits discussed. Date: \_\_\_\_\_

# AUDIT-C

'A drink' means:

The Alcohol Use Disorders Identification Test—Consumption is a validated screen for risky drinking.

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your alcohol use. Your answers will remain confidential so please be honest.

			
<b>Beer</b>	<b>Beer</b>	<b>Wine</b>	<b>Shot</b>
341 ml (12 oz) 5% alcohol	341 ml (12 oz) 5% alcohol	142 ml (5 oz) 12% alcohol	43 ml (1.5 oz) 40% alcohol

	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly	2-4 times a month	2-3 times a week	4 or more times a week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1	2-3	4	5-6	7+	
How often do you have 4 or more if female, or 5 or more if male, on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL	

## ARE YOUR VACCINES UP-TO-DATE? WE CAN HELP!

Many students in university are missing some vaccines, or are due for boosters. The health professionals at Concordia University Health Services strongly advise you to get vaccinated as part of a healthy lifestyle.

If your parents did not vaccinate you as a child, and now, as an adult, you wish to be, talk with the nurse.

It is YOUR decision whether to get vaccinated.

ADULT VACCINATIONS		
Vaccination	Protects against	Recommendations
Covid-19 vaccine	Covid-19	Series of two doses and a booster
Td	Tetanus (T) Diphtheria (d)	Series of three doses if not received in childhood. 50 years of age Booster as needed with high-risk injury: talk with a health professional
Pertussis (included in other vaccines)	Pertussis (aP) ("whooping cough")	One dose in a lifetime if not received in childhood In the third trimester of every pregnancy
HA	Hepatitis A	Series of two doses if not received in childhood
HB	Hepatitis B	Series of three doses if not received in childhood
Influenza vaccine	Influenza ("the flu")	Emphasis to those at increased risk of complications from flu
Varicella vaccine	Chickenpox	Series of two doses for those who did not have chickenpox or did not get the vaccine in childhood
Herpes Zoster (Shingles) vaccine	Shingles	One dose to adults > 50 years of age: discuss with health professional
MMR vaccine	Measles (M) Mumps (M) Rubella (R)	Series of two doses if not received in childhood
Meningococcal vaccines	Meningococcal vaccines	Everyone who wishes to decrease their risk of contracting Meningococcal disease People at higher risk include students living in student residence; discuss with a health professional
HPV vaccine	Human Papillomavirus: cervical cancer, genital warts	Series of three doses if not received in childhood

For more information, check out our website at: [concordia.ca/vaccines](http://concordia.ca/vaccines)