

Reed College Off-Campus Study programs/ Student Health Needs Assessment form

1. What illnesses or problems (physical, psychological or emotional) have you had during the past 2-3 years for which you have sought professional medical and/or psychological attention?

2. What treatment are you currently receiving for the above issues? Include physical therapy, counseling and other provider visits.

3. List medications are you taking and who prescribes them for you.

4. Do you have any anticipated health needs while you are away?

I have answered these questions to the best of my knowledge.

_____ / _____

Reviewed by: Provider name/date: _____ / _____

Provider comments: _____

TB screen upon return? Y/N; tickler note made?