PROVIDENCE
COLLEGE

Providence Alliance for Catholic Teachers (PACT)

Health and Wellness History

Please place this form in a separate sealed envelope, marked with your name and "Health and Wellness History." Submit to PACT via surface mail by April 15th. This form must be received before placement is finalized.

About This Form

We inquire about certain health issues out of respect for the needs of each individual person and of the needs of members of each PACT community. Past medical history with physical and/or mental health concerns does not exclude you from consideration; however, your openness to discussing these issues helps PACT know how best to support you and your potential community during the upcoming year. We ask you these questions so that we can understand your needs and so that you can learn about the support PACT has to offer you and what is beyond our ability to support. We ask that you complete this form with honesty and accuracy, to the best of your knowledge. *Please use an additional sheet if you need extra space to write.*

Name **Date** **DOB**

Health History

Please mark the box next to each of the following that you have had.

			□ Ovarian Cysts
□ Anemia	□ Colitis	□ Measles	□ Peptic Ulcer Disease
□ Arthritis	□ Diabetes	□ Migraine or Other Headaches	□ Seizures
□ Asthma	□ Endometriosis		□ Thyroid Disease
□ Cancer	□ Heart Disease (Congenital or Other)	□ Mononucleosis	□ Tuberculosis
□ Chicken Pox	□ Kidney Disease	□ Mumps	□ Urinary Tract Infection

Please Explain Status of any conditions.

Date of last dental appointment? _____Do you anticipate needing dental work in the next year? □Yes □ No

Current Health Status

Please briefly describe your general state of health (as you perceive it).

Are there any medical conditions which might affect your service or assignment? (Detail physical challenge, chronic illnesses, pregnancy, special medications, allergies, restrictions, etc.)

Have you had any operations/hospitalizations/significant injuries?

Allergies: Please list any symptoms that you experience from exposure to allergens (i.e. rash, breathing problems, etc.) and any medications you use to treat these allergies.

What medications are you currently taking? For what reason?

Personal Health Habits

Do you smoke cigarettes? If yes, how many per day? _____Number of years you have been a smoker: _____

Do you consume alcohol? If yes, how many drinks/day or drinks/week? _____

Have you ever been diagnosed or treated for alcohol addiction? □Yes □ No

Have you ever been diagnosed or treated for a drug addiction? □Yes □ No

Recreational/street/prescription drug use — list history (or occasion) of drug use:

Average number of sleeping hours per day: _____ Do you have sleeping or early awakening problems? □Yes □ No

Do you wake up tired? □Yes □ No

How often (times per week) do you exercise? _____

Dietary restrictions:

Mental Health

Have you ever had individual, family, or group counseling/treatment for personal growth, or for emotional or psychological problems? Please comment on your reasons for counseling/treatment, any medication prescribed, and the length of the treatment. Do you anticipate needing to continue treatment over the course of the next year?

Do you have a history with eating disorders? Please explain: _____

Have you ever been significantly over or under weight? □Yes □ No Please explain:

Have you ever felt suicidal or attempted suicide? □Yes □ No Please explain:

Have you ever experienced symptoms such as anxiety, depression, manic episodes, psychotic episodes, paranoia, etc.? □Yes □ No

Have these symptoms been severe enough to require treatment? □Yes □ No Please explain:

Have you ever received a mental health diagnosis from a mental health professional (such as, but not limited to: depression, anxiety, bi-polar, borderline, schizophrenia)? □Yes □ No Please explain

If you answered "yes" to any of the above questions, what plans do you have for self-care treatment while at PACT?

Sometimes our staff has asked PACT teachers to seek counseling if they display unhealthy behavior or if their behavior negatively affects work or community life. How would you respond if PACT staff recommended that you seek counseling?

Declaration

I confirm that the information provided in this document is true and accurate to the best of my knowledge.

Signature/Date