Health History Form for New Students

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Accessing the Health History Form

1. Go to [https://shcportal.nyu.edu/](https://shcportal.nyu.edu/)

2. Login with your **NYU NetID** and your **password for NYUHome**.

3. Confirm your university ID number (“N Number”). Be sure to include the N!
4. You will now be on the Student Health Center Portal home page. Click the Forms link on the left.
5. You will now be on the Health History Form Requirements page. Review the information, then click the Health History Form for New Students link at the bottom of the page when you are ready to complete the form.
Filling Out the Health History Form

1. You will now be in the Health History Form. Please note that your session will automatically end after you have been idle for 10 minutes. To avoid losing any information entered, use the “Save Partial” button at the end of the form (see page 9)—this will take you back to the Forms page and you can reopen the Health History Form.

2. Please complete each section: personal medical history, family medical history, prior hospitalizations/surgeries/procedures, medications, and allergies.

3. When you select an item under Personal Medical History, you will see a pop-up where you can enter an onset date, age at onset, and/or comment. If you do not know the onset date or age of onset, you can leave the items blank. When you are finished entering details, click Add.
4. When you select an item under Family Medical History, you will see a pop-up where you can enter the relative, age at onset, and/or outcome. If you do not know any of the information, you can leave the items blank. When you are finished entering details, click Add.

5. Items you have added are displayed below the checklist. To make any changes to the details for an item, click “edit”. To remove an item from the list, click “delete.”
6. Enter any past hospitalizations, surgeries, or procedures. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you have had no hospitalizations, surgeries, or procedures, type “No Surgeries” in the Description box.

![Hospitalization/Surgery/Procedures](image)

7. Enter any medications – both prescription and non-prescription (over-the-counter) – you are currently taking and include the dosage. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you are currently taking no medications, type “No Medication” in the Name of Medication box.

![Medications](image)
8. Enter any medication or other significant allergy you have and include the reaction (rash, anaphylaxis, etc.) as well as the approximate onset date. To add an additional entry, use the “add more” button. To delete an entry, use the “delete” button. If you have no allergies, type “No Allergies” in the Name of Substance box.

<table>
<thead>
<tr>
<th>#</th>
<th>Name of Substance</th>
<th>Type of Reaction</th>
<th>Approx Date of Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Penicillin</td>
<td>rash</td>
<td>Childhood</td>
</tr>
</tbody>
</table>
Submitting the Health History Form

1. If you need to stop filling out the Health History Form and come back later, use the Save Partial button at the bottom of the form.

Thank you for submitting your Health History Form!

- Submit Final
  Click here to submit the final content of the form
  (You cannot change items after the form has been submitted.)

- Save Partial
  Click here to save the intermediate content of the form
  (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

- Cancel
  Click here to cancel entering the form
  (Currently entered changes will not be saved.)

You will receive a confirmation that your progress has been saved. Clicking Proceed will take you to the Student Health Center Portal home page.

Health History Form for New Students Saved

The Health History Form for New Students has been successfully saved in a partially complete state.

Proceed
2. When you are ready to submit your Health History Form, click the Submit Final button. Once you submit the final form, you cannot make any changes.

Thank you for submitting your Health History Form!

Submit Final
Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Save Partial
Click here to save the intermediate content of the form
(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Cancel
Click here to cancel entering the form
(Currently entered changes will not be saved.)

You will receive a confirmation that your form has been submitted successfully.