

# Brief Medical Summary

## Starting Your Patient Record

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student ID \_\_\_\_\_

Most students will receive care at Boynton Health Service at some point during their college career. Should you decide to submit this form to Boynton Health Service, it will be scanned and a patient medical record will be opened. That means when you come in, the provider you see will have this information readily available.

Date of Last Tetanus Shot \_\_\_\_\_

Allergies to Medications \_\_\_\_\_

Medications Currently Taking	Dosage	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospitalizations (Lifetime)	Date	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit forms by mail or fax to *Boynton Health Service, Attn: Medical Records.*

**Mail** Boynton Health Service, 410 Church Street S.E. Minneapolis, MN 55455  
**Fax** (612) 625-1434