



TEL (603) 230-4043  
FAX (603) 230-9308

**Health History Form**  
NHTI Health & Counseling Services  
31 College Drive  
Concord, NH 03301-7412  
**nhtihealthservices@ccsnh.edu**

This information is strictly **CONFIDENTIAL** and will be used as an aid to provide necessary healthcare while you are a student. Information supplied will become a part of your health record, will not influence your standing at the College, and will not be released to anyone outside of Health & Counseling except by your written authorization.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Initial

Preferred Name (if applicable) \_\_\_\_\_ Student ID# \_\_\_\_\_

Preferred Pronouns \_\_\_\_\_ Gender Identity \_\_\_\_\_

Academic Major \_\_\_\_\_ Sports (which ones) \_\_\_\_\_ Campus Housing  Yes  No

Home Address \_\_\_\_\_ Student Cell # \_\_\_\_\_  
Street  
City/State/Zip Student email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Contact's Home # \_\_\_\_\_ Contact's work # \_\_\_\_\_

I have received, read, and understand the New Hampshire Bill of Rights/complaint procedure. **Source.** eff. July 2022  
**(PLEASE CHECK BOX)**

I hereby grant permission to an authorized representative of NHTI to secure such medical care as may be required including examination, treatment, and immunization. In the event of an emergency, I hereby give my permission to be treated & transported to the closest emergency facility for appropriate medical treatment. I give permission for NHTI personnel to release pertinent medical/insurance information to that emergency facility, and if necessary to notify my emergency contact listed above.

Please refer to: <https://gencourt.state.nh.us/rsa/html/XI/151/151-2.htm> for the updated statutory requirements

Signature of Student \_\_\_\_\_ DATE \_\_\_\_\_

And/or \_\_\_\_\_ DATE \_\_\_\_\_  
Parent or Guardian if student is under 18 years

**Student Name** \_\_\_\_\_

**Student's Past History: (CIRCLE if any issues have pertained to YOU and explain below)**

Mental Health Conditions	Endocrine/Thyroid/Diabetes	Heart Conditions/Murmur/High Blood Pressure	Orthopedic injuries/conditions
Learning Conditions/ADD/ADHD	Skin Conditions	Digestive Conditions	Infectious diseases HIV/AIDS/Hepatitis
Anemia/Sickle Cell Bleeding Disorders	Eyes/Ears/Nose/Throat Conditions	Head Injury/Concussion/Migraines/Headaches/Seizures	Other not listed
Kidney/Liver Conditions	Asthma/Lung Conditions	Hearing Loss/Vision Loss	
Cancer/Impaired Immunity			

**Explain Each Circled Area:** N/A  \_\_\_\_\_

**Current Medications:** prescription or over-the-counter (including birth control or herbal supplements.) N/A

**Special Dietary Needs:** N/A  \_\_\_\_\_

Sleep \_\_\_\_\_ hours a night Overnight Hospitalizations \_\_\_\_\_

Current weight \_\_\_\_\_ lbs: Ideal weight you would like to see \_\_\_\_\_ lbs Surgeries \_\_\_\_\_

Exercise \_\_\_\_\_ times a week

Alcohol consumption a week \_\_\_\_\_

Drug use \_\_\_\_\_

Cigarettes \_\_\_\_\_ a day Tobacco Use \_\_\_\_\_ a day Vape / e-Cigarette \_\_\_\_\_ a day

**Drug/Food Allergies:** N/A  **Allergen:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Do you have an EpiPen?** Yes  No  If yes, explain: \_\_\_\_\_

**Latex allergy?** Yes  No  Not sure

**Environmental / Seasonal Allergies:** Yes  No  \_\_\_\_\_

**Mental Health Services:** N/A  In-patient  Out-patient

**Alcohol / Substance Abuse Services:** N/A  In-patient  Out-patient

**Family History:** Please indicate if any blood relatives have had any of the following. Please indicate their relation to you.

Cancer \_\_\_\_\_

Heart Disease \_\_\_\_\_

Diabetes \_\_\_\_\_

Alcohol / Substance Abuse \_\_\_\_\_

Mental Health Issues \_\_\_\_\_

Other: \_\_\_\_\_

Suicide \_\_\_\_\_

If any family member has died before age of 55, list cause of death \_\_\_\_\_

# RESIDENTIAL CARE AND HEALTH FACILITY LICENSING

## Patient's Bill of Rights

### **STUDENTS: PLEASE KEEP THIS BILL OF RIGHTS FOR YOUR RECORDS**

#### Section 151:21

151:21 Patients' Bill of Rights. –

The Patients' Bill of Rights exists to ensure that the rights and dignity of each person receiving our services are respected.

1. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
  2. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments, the signing must be by the person legally responsible for the patient.
  3. The patient shall be fully informed in writing, in a language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
  4. The patient shall be fully informed by a healthcare provider of his or her medical condition, healthcare needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purpose of this paragraph, "healthcare provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing healthcare services, including, but not limited to, a physician, hospital or other healthcare facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any other officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of healthcare services.
  5. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.
  6. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
  7. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in the management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
  8. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment, and involuntary seclusion.
  9. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
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10. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
11. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
12. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
13. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
14. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
15. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
16. The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.
17. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
18. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
19. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
20. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is available space in the facility.
21. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.
22. The patient shall not be denied admission, care, or services based solely on the patient's vaccination status.
23. Patient Support. (a) In addition to the rights specified in paragraph 18, the patient shall be entitled to designate a spouse, family member, or caregiver who may visit the facility while the patient is receiving care. A patient who is a minor may have a parent, guardian, or person standing in loco parentis visit the facility while the minor patient is receiving care.

(b) Exceptions:

(1) Notwithstanding subparagraph (a), a health care facility may establish visitation policies that limit or restrict visitation when:

(A) The presence of visitors would be medically or therapeutically contraindicated in the best clinical judgment of health care professionals;

(B) The presence of visitors would interfere with the care of or rights of any patient;

(C) Visitors are engaging in disruptive, threatening, or violent behavior toward any staff member, patient, or another visitor;  
or

(D) Visitors are noncompliant with written hospital policy.

(2) Upon request, the patient or patient's representative, if the patient is incapacitated, shall be provided the reason for denial or revocation of visitation rights under this paragraph.

(c) A health care facility may require visitors to wear personal protective equipment provided by the facility, or provided by the visitor and approved by the facility. A health care facility may require visitors to comply with reasonable safety protocols and rules of conduct. The health care facility may revoke visitation rights for failure to comply with this subparagraph.

(d) Nothing in this paragraph shall be construed to require a health care facility to allow a visitor to enter an operating room, isolation room, isolation unit, behavioral health setting or other typically restricted area or to remain present during the administration of emergency care in critical situations. Nothing in this paragraph shall be construed to require a health care facility to allow a visitor access beyond the rooms, units, or wards in which the patient is receiving care or beyond general common areas in the health care facility.

(e) The rights specified in this paragraph shall not be terminated, suspended, or waived by the health care facility, the department of health and human services, or any governmental entity, notwithstanding declarations of emergency declared by the governor or the legislature. No health care facility licensed pursuant to RSA 151:2 shall require a patient to waive the rights specified in this paragraph.

(f) Each health care facility licensed pursuant to RSA 151:2 shall post on its website:

(1) Informational materials explaining the rights specified in this paragraph;

(2) The patients' bill of rights which applies to the facility on its website; and

(3) Hospital visitation policy detailing the rights and responsibilities specified in this paragraph, and the limitations placed upon those rights by written hospital policy on its website.

(g) Unless expressly required by federal law or regulation, the department or any other state agency shall not take any action arising out of this paragraph against a health care facility for:

(1) Giving a visitor individual access to a property or location controlled by the health care facility;

(2) Failing to protect or otherwise ensure the safety or comfort of a visitor given access to a property or location controlled by the health care facility;

(3) The acts or omissions of any visitor who is given access to a property or location controlled by the health care facility.

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014. 2019, 332:6, eff. Oct. 15, 2019. 2020, 39:61, 62, eff. Jan. 1, 2021, 52:2, eff. May 2022, 304:2, eff. July 2022.

Complaints may be submitted to:  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

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