

# University of Florida Student Health Care Center

## Health Risk Profile

Today's Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ UF Class/Year: \_\_\_\_\_  
UF ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

The Student Health Care Center is dedicated to promoting good health and wellness just as it is committed to helping you when you are ill. Please complete this Health Risk Profile so we can help you develop a healthier lifestyle. This will become part of your confidential medical record. **Please complete Questions 1-8.**

- S:**
- 1. In the past 30 days, on how many occasions did you drink alcohol? \_\_\_\_\_ (If none, skip to #2)**  
In the past 30 days, how many drinks would you usually have at one sitting? \_\_\_\_\_  
Have you ever passed out while drinking? \_\_\_\_\_
  - 2. In the past 6 months, have you ever used tobacco products (any cigarettes, smokeless tobacco, dip, or cigars)?**  
**YES NO** If yes, what kind of products? \_\_\_\_\_  
How much do you typically use per week? \_\_\_\_\_  
How motivated are you to quit in the next 30 days? \_\_\_\_\_
  - 3. Within the past 6 months, have you felt so depressed it was difficult to function?**  
**YES NO** If yes, when? \_\_\_\_\_
  - 4. Within the past 6 months have you experienced prolonged sadness, hopelessness or little interest in doing things?**  
**YES NO** If yes, when? \_\_\_\_\_
  - 5. Have you ever thought about or attempted to hurt yourself?**  
**YES NO** If yes, when? \_\_\_\_\_
  - 6. Have you ever had sexual experiences when you were so intoxicated that you were unable to stop it or say "No"?**  
**YES NO** If yes, when? \_\_\_\_\_
  - 7. Have you ever had sexual experiences against your wishes because someone used force or threatened to harm you?**  
**YES NO** If yes, when? \_\_\_\_\_
  - 8. Please list any other health issues that you'd like to discuss today: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

**O:** None/

**A:** Health Risk Profile Complete

**P:**  No Risks Identified at this time

Risk regarding Question # \_\_\_\_\_ Comments: \_\_\_\_\_

Referral to: Mental Health, CARE, Women's Clinic, GatorWell Health Promotion Services, Medical Team

"Important Resources for Students" bookmark given and discussed

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

Make another appointment to discuss Risk(s): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Signature: \_\_\_\_\_, RN