

**USF Student Health Services  
Triage Assessment**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Student I.D. # U-**\_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Have you visited SHS within the past 2 years?**

Yes     No

**If Yes, was it only for immunization compliance?**

Yes     No

**Do you need a form completed for entrance into a University program?**

Yes     No

**Briefly explain the reason for your visit today.** Use the **back** of this sheet to list more specific details and symptoms.

\_\_\_\_\_  
\_\_\_\_\_

When did the problem start? \_\_\_\_\_

**Have you been evaluated for this issue at SHS within the past 2 weeks?**     Yes     No