

# Hampton University Student Health Center

132 William R. Harvey Way • Hampton, Virginia 23668 • Phone 757-727-5315 • Fax 757-728-6612 • [healthcenter@hamptonu.edu](mailto:healthcenter@hamptonu.edu)

## APPOINTMENT REASONS

Below are the list of appointments/services that the Health Center offers.

**Students must be scheduled by Health Center Staff for any appointment not listed on Patient Portal.**

All other appointment reasons can be scheduled on the patient portal.

### Appointments Available on Patient Portal [HUHC Staff Can Schedule]

Name	Duration	Code
Abdominal Pain	30	Abdominalp
Allergic Reaction	30	Allergicrx
Allergies	30	Allergies
Anemia	30	Anemia
Asthma	30	Asthma
Auto Accident	60	Autoacc
Back Pain/Injury	30	Backpain
Birth Control Consultation	30	Birthcontr
Blood Pressure Screening	30	BPscreen
Bronchitis/Pneumonia – Symptomatic	30	Bronchitis
Burn	30	Burn
Common Cold/Flu – Symptomatic	30	ColdFlu
Concussion	60	Concussion
Depo Provera Injection Or Consultation	30	Depoprover
General Health Education	30	CHES
Ear Ache or Pain, etc.	30	Earache
Eczema	30	Eczema
ER Follow-up	30	ERFollowup
Eye Irritation	30	Eyeirritat
Face Pain	30	Facepain
Fainting or Feels Faint/ Passing Out	30	Fainting
Fatigue	30	Fatigue
GYN	60	Gyn
Headache	30	Headache
Head Injury	60	Headinjury
Injury or Pain to a lower extremity	30	Injuryleg
Injury or Pain to an upper extremity	30	Injuryarm
Injury or Pain to Other Body Part	30	InjuryOthe
Insect Bite	30	Insectbite
Menstrual cramps	30	Menstrualc
Medical Leave of Absence Consultation	60	MLOA
Mouth/Dental Pain	30	Mouthpain
Stomach-nausea, vomiting, and diarrhea	30	Nausea
Neck Pain	30	Neckpain
Seizure	30	Seizure
Injury to Other Body Part	30	InjuryOthe
Sexual Health	30	SexualHeal
Sinus Infections – Symptomatic	30	Sinus
Skin Conditions or Skin Rash	30	SkinRash
Sore Throat	30	Sorethroat
STI Testing	60	STItesting
Stomach Ache	30	Stomachach
Urinary Tract Infections (UTI)	60	UTI
Vaginal Discharge	60	Vaginaldc
Vaginal Infections	60	VaginalInf

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**Appointments Not Available on Patient Portal [HUHC Staff Can Schedule]**

Name	Duration	Code
Alleged Sexual Assault	60	SexualAssa
COVID-19	30	COVID19
Follow-Up Office Visit	30	Followup
Lab Only Office Visit	30	Labonly
Mental Health	60	Mental Health
Nurse Visit	30	Nursevisit
Other/Not Listed	30	Other
TB Testing (PPD Test)	30	Ppdtest