

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 4/7/17 Are you an AUM student? ☒ YES ☐ NO Student ID # 60026341
Name: Gabriel Wheatstone Preferred Name Gabby
Social Security Number: 424-34-6449 Birth Date 11/02/92
Local Phone Number: (266) 744-2628 Alternate Number: _____
Local Address: 2124 Pepper Tree Ln Box Number _____
City: Montgomery State: AL Zip Code: 36107
Permanent Address: _____
City: _____ State: _____ Zip Code: _____
Marital Status (Please Circle): ☒ Single ☐ Married ☐ Partnered ☐ Divorced ☐ Widowed ☐ Other _____
Sex (Please Circle): Male ☒ Female ☐ Transgender
Primary Physician: Timothy Corbin City: Alex City Phone #: _____
Patient's Employer: _____ Work #: _____
Parent's or Spouse's Name (Circle which) _____ Phone #: _____
Parent's or Spouse's Employer: _____ Work #: _____
Emergency Contact: Christina Wheatstone Relationship: Mother Phone #: (266) 446-0202
How did you hear about the Clinic? Friend ☐ Faculty/Staff ☐ Orientation ☒ Other Born before

INSURANCE INFORMATION

Do you have health insurance? YES NO

If yes, please give your card to the receptionist in order for a copy to be made for your chart.

Insurance Company _____ Name on Card _____

Policy Number _____ Group Number _____

Insurance Company Address _____