

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 5/24 Are you an AUM student? YES ☒ NO ☐ Student ID # _____

Name: Gabrella Newell

Social Security Number: 490 21 9160 Birth Date: 10-17-03

Local Phone Number: 870 637 3594 Alternate Number: _____

Local Address: 7412 Brampton Ln Box Number _____

City: Montgomery State: Al Zip Code: 36117

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status (Please Circle): ☒ Single ☐ Married ☐ Divorced ☐ Widowed Other _____

Sex (Please Circle): Male ☐ Female ☒

Primary Physician: Dr. Simon City: Montgomery Phone #: _____

Patient's Employer: Father works @ AUM Work #: _____

☒ Parent's or Spouse's Name (Circle which) Eric Newell Phone #: _____

☒ Parent's or Spouse's Employer: AUM Work #: _____

Emergency Contact: 870 637 4594 Relationship: Father Phone #: Eric Newell

How did you hear about the Clinic? Friend ☐ Faculty/Staff ☒ Orientation ☐ Other _____

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 _____