

Smyth 9:30

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: June-12-2017 Are you an AUM student? ☒ YES ☐ NO Student ID # 00336395
Name: Kristin Smyth Preferred Name _____
Social Security Number: 002866991 Birth Date 12-12-1993
Local Phone Number: 352-201-4961 Alternate Number: _____
Local Address: 79 Commerce St Montgomery Box Number _____
City: Montgomery State: AL Zip Code: 36104
Permanent Address: _____
City: _____ State: _____ Zip Code: _____
Marital Status (Please Circle): Single Married Partnered Divorced Widowed Other _____
Sex (Please Circle): Male ☒ Female ☐ Transgender
Primary Physician: _____ City: _____ Phone #: _____
Patient's Employer: _____ Work #: _____
Parent's or Spouse's Name (Circle which) _____ Phone #: _____
Parent's or Spouse's Employer: _____ Work #: _____
Emergency Contact: _____ Relationship: _____ Phone #: _____
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 _____