

AUM WARHAWK HEALTH SERVICES

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

Date: 12-11-20 Are you an AUM Student? ☐ Yes ☒ No S-Number: _____

Name: Elizabeth Huntley Preferred: _____ Birthdate: 12-24-70

Main Phone Number: 205-901-6323 Email: ehuntley@lightfootlaw.com

Local Mailing Address: 116 Dogwood Ct. Box or APT #: _____

City: Clanton State: AL Zip Code: 35045

Permanent/Home Address: same as above Box or APT #: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Single ☐ Married ☒ Divorced ☐ Widowed ☐ Other: _____

Sex: Male ☐ Female ☒ Gender: Male ☐ Female ☒

Primary Physician: Dr. Jeff Price City: Clanton Phone #: 205-280-1010

Patient's Employer: Lightfoot, Franklin & White LLC Work Phone #: 205-581-0700

Parent's ☐ Spouse's Name: ☒ Tony Huntley Phone #: 205-531-6434

Parent's or Spouse's Employer: retired Phone #: _____

Emergency Contact: Tony Huntley Relationship: husband Phone #: 205-531-6434

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 front desk in order for a copy to be made for your chart.

Insurance Company: _____ Name on Card: _____

Policy or Contract Number: _____ Group Number: _____

Insurance Company's Address: _____