

AUM WARHAWK HEALTH SERVICES

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

Date: 12-11-2020 Are you an AUM Student? ☐ Yes ☒ No S-Number: _____

Name: Pamela Tuck Preferred: _____ Birthdate: 12-13-1973

Main Phone Number: (334) 322-0394 Email: dr.pamelatuck@bellsouth.net

Local Mailing Address: 8361 ⁿChadburn Way Box or APT #: _____

City: Montgomery State: AL Zip Code: 36116

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

City: _____ State: _____ Zip Code: _____

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

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

Primary Physician: Dr. Norman Taylor City: Montgomery Phone #: _____

Patient's Employer: Baptist Health Work Phone #: _____

Parent's ☐ Spouse's Name: ☐ Keith Tuck Phone #: (334) 430-1456

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

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 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: _____



BlueCross BlueShield
of Alabama

WITH LIFETIME
PREFERRED
CARE

Subscriber Name

PAMELA P TUCK

Contract Number

PPA822236858

BAPTIST HEALTH

Group Number

77496

Effective Date

01-01-2019

Rx BIN Number

004915

HEALTH

PAC

PPO R

DRIVER LICENSE

ALABAMA

NO. 5804041 CLASS DM
D.O.B. 12-13-1973 EXP 06-26-2021

PAMELA POLLEARD
TUCK

8361 SHADBURN WAY
MONTGOMERY AL 36116-7277

ENDORSEMENTS NONE HT 5'00" WT 125 LB
SEX F HAIR BRN EYES BRN SKN BLK

Secretary of Law Enforcement