

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 6/8/2017 Are you an AUM student? ☒ YES ☐ NO Student ID # S00326565

Name: Tong Ye

Social Security Number: _____ Birth Date 3/27/2017

Local Phone Number: 334-669-5804 Alternate Number: _____

Local Address: AUM Box Number # 375

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: _____ City: _____ Phone #: _____

Patient's Employer: _____ Work #: _____

☒ Parent's or Spouse's Name (Circle which) Ting Cheng Phone #: +86 13923836970

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

Emergency Contact: Ting Cheng Relationship: Mother Phone #: +86 13923836970

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 _____