

2:30 Matthew Simmons 7/1/17
AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 6/16/17 Are you an AUM student? YES NO Student ID # 00335927

Name: Matthew Derek Simmons

Social Security Number: 590064495 Birth Date 06/27/88

Local Phone Number: _____ Alternate Number: 9164792105

Local Address: 210 Scenic Dr Box Number _____

City: Elmore State: AL Zip Code: 36025

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

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

Sex (Please Circle): Male Female

Primary Physician: VA - CAVHCS City: Montgomery Phone #: 334-272-4670

Patient's Employer: AUM Learning Center Work #: _____

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

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

Emergency Contact: Pamela Bush Relationship: Mother Phone #: 334-224-2408

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 _____