

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 9-5-17 Are you an AUM student? YES ☒ NO ☐ Student ID # _____

Name: Ceren Alkanat

Social Security Number: _____ Birth Date 5-14-2005

Local Phone Number: 334-312 8789 Alternate Number: _____

Local Address: 2501 Seaton Park Box Number _____

City: Montgomery State: AL Zip Code: 36116

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

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

Sex (Please Circle): Male ☐ Female ☒

Primary Physician: Dr. Wood City: Montgomery Phone #: 272-1799

Patient's Employer: _____ Work #: _____

Parent's or Spouse's Name (Circle which) ☒ Parent ☐ Spouse's Name: Gokhan Alkanat Phone #: 334-312 8789

Parent's or Spouse's Employer: AUM Work #: 3224

Emergency Contact: Matt Ragland Relationship: friend Phone #: 244 3138

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 BCBSA Name on Card Gokhan Alkanat

Policy Number _____ Group Number _____

Insurance Company Address _____