

AUM STUDENT HEALTH SERVICES

PATIENT INFORMATION (PLEASE PRINT LEGIBLY)

Date: 01/07/19 Are you an AUM Student? ☐ Yes ☒ No S-Number: _____

Name: James Steven Richardson Birthdate: 01/21/1966

Main Phone Number: 334-312-0864 Email: steve4christ@me.com

Local Mailing Address: 232 Lakeshore Dr. Box or APT #: _____

City: Pike Road State: AL Zip Code: 36064

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. Raghav Makkamala City: Montgomery Phone #: 334-262-0342

Patient's Employer: St. Paul Lutheran Church Work Phone #: 334-272-6214

Parent's ☐ Spouse's Name: ☒ Ginger Richardson Phone #: 334-313-4270

Parent's or Spouse's Employer: St. Paul Lutheran Church Phone #: 334-272-6214

Emergency Contact: Ginger Richardson Relationship: Spouse Phone #: 334-313-4270

How did you hear about the clinic: Friend ☐ Faculty/Staff ☐ Orientation ☐ Other: Pike Road Fire

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: B/c B/s of Minnesota Name on Card: James S. Richardson

Policy or Contract Number: JCO125802191001 Group Number: 10195620

Insurance Company's Address: P.O. Box 64560
St. Paul MN 55164-0560