

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 4-16-09 Are you an AUM student? YES ☐ NO ☒ faculty
Name: Paul F. Hard
Social Security Number: 423-76-2828 Birth Date: 11-12-1958
Local Phone Number: 334-514-7258 Alternate Number: 256-339-4258
Local Address: 818 Rye Field Rd
609 W Tallahassee St Box Number _____
City: Montgomery State: AL Zip Code: 36117
Wetumpka Zip Code: 36092
Permanent Address: same
City: _____ State: _____ Zip Code: _____
Please Circle Your Marital Status: Single Married Divorced Widowed Other _____
Sex: ☒ Male ☐ Female (Please Circle)
Primary Physician: _____ City: _____ Phone #: _____
Patient's Employer: AUM Work #: 3240
Parent's or Spouse's Name (Circle which) _____ Phone #: _____
Parent's or Spouse's Employer: _____ Work #: _____
Emergency Contact: David Funder Relationship: partner Phone #: 205-215-7106
How did you hear about the Clinic? (Please Circle) 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.

CONSENT FOR TREATMENT

I am requesting care for myself or my above named dependent and give my consent for treatment. I am responsible for all fees for services incurred at the Student Health Center (Nursing Care Center).

Signature X _____

Signature of patient or parent/guardian, if patient is a minor.

SERVICES CONSENT FORM

NAME: Paul Hard
 DATE OF BIRTH: 11-12-1958

I AM REQUESTING CARE FOR MYSELF OR MY ABOVE NAMED DEPENDENT AND
 GIVE MY CONSENT FOR TREATMENT. I AM RESPONSIBLE FOR ALL BILLS
 INCURRED AT THE NURSING CARE CENTER.

SIGNATURE: [Signature]
 DATE: 4-16-09

SIGNATURE: [Signature]
 DATE: 7-10-12

SIGNATURE: [Signature]
 DATE: 7-27-09

SIGNATURE: [Signature]
 DATE: 10-25-12

SIGNATURE: [Signature]
 DATE: 8-21-09

SIGNATURE: [Signature]
 DATE: 10-24-13

SIGNATURE: [Signature]
 DATE: 4-26-10

SIGNATURE: [Signature]
 DATE: 4-25-14

SIGNATURE: [Signature]
 DATE: 10-5-10

SIGNATURE: [Signature]
 DATE: 7-16-14

SIGNATURE: [Signature]
 DATE: 12-3-10

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 2-18-11

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 11-2-11

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 2-14-12

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 3-29-12

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 4-16-12

SIGNATURE: _____
 DATE: _____

SIGNATURE: [Signature]
 DATE: 5-23-12

SIGNATURE: _____
 DATE: _____