

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 6-5-17 Are you an AUM student? ☒ YES ☐ NO Student ID # S00159787

Name: Christina Panehal

Social Security Number: 420-43-3100 Birth Date: 12-15-94

Local Phone Number: 334-354-8828 Alternate Number: _____

Local Address: 401 Arrowleaf Ct Box Number: _____

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) _____ Phone #: _____

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

Emergency Contact: Kayla Panehal Relationship: Mother Phone #: 334-330-221-1116

How did you hear about the Clinic? Friend ☐ Faculty/Staff ☐ Orientation ☒ Other _____

INSURANCE INFORMATION

Do you have health insurance? YES NO Does not have today

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 _____