

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 2-13-14 Are you an AUM student? ☒ YES ☐ NO Student ID # _____

Name: Heather Adams

Social Security Number: 422-27-3565 Birth Date: 11/05/87

Local Phone Number: 334-304-5414 Alternate Number: _____

Local Address: 2197 El Bethel Rd Box Number _____

City: Luverne State: AL Zip Code: 36049

Permanent Address: 2197 El Bethel Rd

City: Luverne State: AL Zip Code: 36049

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

Sex (Please Circle): ☐ Male ☒ Female

Primary Physician: N/A City: _____ Phone #: _____

Patient's Employer: AUM Work #: N/A

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

Parent's or Spouse's Employer: N/A Work #: _____

Emergency Contact: Jim Welch Relationship: grandfather Phone #: 334-3356319

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

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 _____

AUM STUDENT HEALTH CENTER
CONSENT FOR SERVICES FORM

Patient Name Heather Adams Date of Birth 11/05/87

General Consent for Treatment

I request and authorize health care services by my provider and his/her designees(s) as my provider may deem advisable and in my best interest. This may include routine diagnostic, laboratory procedures and medication administration.

I understand that excluding emergency or extraordinary circumstances, no substantial procedure will be performed without providing me an opportunity to give me informed consent for that procedure. Informed consent means that the medical provider must disclose information to me including benefits and risks of a particular procedure and/or treatment.

Payment

I am responsible for all bills incurred at the Student Health Center. Payment is due at the time that services are rendered unless prior arrangements have been made.

I have read the consent form, or it has been read to me, and I am satisfied that I understand its contents. My questions have been answered to my satisfaction.

Heather Adams
Signature of Patient

9/15/15
Date of Signature

✓ _____
Signature of Legal Representative (if patient unable to sign)

Relationship to Patient