

AUM STUDENT HEALTH CENTER

PATIENT INFORMATION (PLEASE PRINT)

Date: 6/27/08

Are you an AUM student? YES ☐ NO ☒

Name: Kenley Obas

Social Security Number: 018-68-4647

Birth Date: 8/18/71

Local Phone Number: 334-356-5328

Alternate Number: 334-224-1882

Local Address: 3511 Summerhill Ridge

Box Number: _____

City: Montgomery

State: AL

Zip Code: 36111

Permanent Address: 3511 Summerhill Ridge

City: Montgomery

State: AL

Zip Code: 36111

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

Sex: ☒ Male ☐ Female (Please Circle)

Primary Physician: J. Underwood

City: Montgomery, AL

Phone #: _____

Patient's Employer: Alabama State Univ.

Work #: _____

Parent's or Spouse's Name (Circle which) Sandra Sutton Obas

Phone #: 356-5328

Parent's or Spouse's Employer: Alabama State Univ.

Work #: _____

Emergency Contact: Bessie Sutton

Relationship: Mother-in-Law

Phone #: _____

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 Kenley Obas

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

SERVICES CONSENT FORM

NAME: Kenley Obas
DATE OF BIRTH: 8/18/71

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: 6/26/08

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SIGNATURE: [Signature]
DATE: 2/14/11

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SIGNATURE: [Signature]
DATE: 3/2/11

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