

Oakwood University Church Health Service

5500 Adventist Blvd, Suite 103
Huntsville, AL 35896
Office 256-203-5185

PATIENT INFORMATION FORM

PATIENT INFORMATION *Must present a valid photo ID: Government or State issued*

First Name: _____ M.I. _____ Last Name: _____

Street Address: - - - - -

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ E-Mail: _____

Birth Date: _____ Gender: _____ Female _____ Male

Social Security # _____ Driver's License # _____ State _____

Emergency Contact: _____ Relation _____ Phone _____

Married Separated Widowed Single Divorced Minor Partnered for ___ yrs

RACE/ETHNIC GROUP: Black/African-American White Asian
 Hispanic Latino Other I'd rather not answer.

PREFERRED LANGUAGE: English Spanish Other I'd rather not answer.

Employer/School : _____ Occupation: - - - - -

Employer's Address: _____ Phone : - - - - -

City: _____ State: _____ Zip: _____

INSURANCE INFORMATION *Copies of current insurance card(s) are required.*

PRIMARY INSURANCE: _____

Group No. _____ Policy No. _____ Co-pay: \$ amt or % _____

Subscriber's Name: _____ Relationship to Patient: _____

Subscriber's Sex: F M DOB: _____ SSN: _____

Subscriber Employer: _____ Employer Address: - - - - -

SECONDARY INSURANCE: _____

Group No. _____ Policy No. _____ Co-pay: \$ amt or % _____

Subscriber's Name: _____ Relationship to Patient _____

Subscriber's Sex: F M DOB: _____ SSN: _____

Subscriber Employer: - - - - - Employer Address: - - - - -