



# PATIENT INFORMATION

**NAME:**

\_\_\_\_\_

Last

First

Middle

\_\_\_\_\_

SHSU Student ID Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Age

\_\_\_\_\_

Academic Classification

\_\_\_\_\_

Current Local Address

\_\_\_\_\_

Permanent Mailing Address

\_\_\_\_\_

Current Local Phone Number

\_\_\_\_\_

Permanent Phone Number

\_\_\_\_\_

Cellular Phone Number

**STUDENT HEALTH INSURANCE**

**YES NO**

Do you have the student health insurance plan?

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_ , who is my \_\_\_\_\_

Person to notify in case of emergency

Relationship

\_\_\_\_\_

Address of emergency contact person

\_\_\_\_\_

Phone number of emergency contact

**PAYMENT POLICY**

Payment is due when services are rendered. The cost of an office visit is covered by the medical service fee paid during registration. Patients are charged for medical procedures, laboratory tests, and prescription medications. Patients with the student insurance are responsible for any charges not paid by the student insurance plan. Treatment deemed "medically necessary" will not be refused due to an inability to pay. Students charging services to their student account must render payment within 10 days to avoid a \$10 late fee.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_