

**University of Alabama in Huntsville  
Student Health Center**

**Contact Information Form**

ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

A# \_\_\_\_\_ SSN \_\_\_\_\_ Gender: Male Female

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Local Address \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Permanent Address \_\_\_\_\_  
Street Address Apt. # City State Zip Code Country

E-mail Address \_\_\_\_\_

College Major \_\_\_\_\_ FR SOPH JR SR GRAD

Drug Allergies \_\_\_\_\_

Medications taken on a daily basis \_\_\_\_\_

Health Insurance \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

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By signing this form, I am requesting health care from the UAHuntsville Student Health Center. I acknowledge I am responsible for charges incurred during my visit including but not limited to an office visit charge and lab charges. I am also aware that the Student Health Center physician may review my chart when consulting with the nurse practitioner and as part of quality improvement.

Signature \_\_\_\_\_ Date \_\_\_\_\_