Georgia State University

Student Health Clinic

141 Piedmont Avenue, Suite D, Atlanta, GA 30303

(P) 404-413–1930

Today's Date: ______________________ **Panther ID #:** ___________________________

PATIENT INFORMATION

Patient Name: ____ **Birthdate:** ____/____/_____ **Age:** ____

Last **First** **MI**

Sex: **Male** **Female** **Marital Status:** __________________

Home Address: ____

Mailing Address (If Different): ____

City: ____________________________ **State:**_________ **Zip Code:** _____________ **County:**____________________

Home Phone: _________________________ **Cell:** _________________________ **Email:** _______________________

Employer Name & Address: ____

Spouse Name: ____ **Phone Number:** __________________________

CONTACT INFORMATION

Emergency Contact: ____ **Relationship to you:** __________________

Home Phone: _________________________ **Cell:** _________________________ **Email:** _______________________

INSURANCE INFORMATION

Insured Name: ____ **ID#:** _______________________________

Group #: ___________________________ **Effective Date:** ________________ **Expiration Date:** _________________

SIGNATURE OF AUTHORIZATIONS

ASSIGNMENT FOR TREATMENT: Permission is hereby given for medical diagnosis and/or treatment as may be deemed advisable or necessary by the medical staff or **Georgia State University Student Health Clinic.**

Signature: ____ **Date:** ___________________________

RELEASE OF MEDICAL INFORMATION: I authorize the release of any medical or other information necessary to help ensure that I receive appropriate services within the Student Health Center and the Counseling and Testing Center.

Signature: ____ **Date:** ___________________________

ASSIGNMENT OF BENEFITS: I authorize payment of medical benefits to **Georgia State University**, or the authorized billing service. I also authorize any release of medical information necessary to process claims pertaining to my medical treatment. I understand it is my responsibility to inform this office of any change in my insurance service.

Signature: ____ **Date:** ___________________________