

LOGAN UNIVERSITY

HEALTH CENTERS

New Patient Profile

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Would you like to receive our patient newsletter? Y N

Emergency Contact: _____ Phone Number: _____

Gender: Male Female Marital Status: M S D W

Work Status: Employed Retired P/T Student F/T Student Unemployed

Employer: _____

Name of Insurance: _____ Insured Name: _____

Insured's ID#: _____ Insured's Date of Birth: _____

Person responsible for paying the bills if other than above:

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Do you have Medicare or a Medicare Replacement Insurance Plan? Yes No

Do you have Medicaid? Yes No

Accident/Injury Information

Is today's visit related to employment? Yes No

Is today's visit related to an automobile accident? Yes No

Is today's visit related to another type of accident? Yes No

If you answered Yes to any of the questions, please list the state in which the accident occurred: _____

What was the date of the accident? _____

Has this been a problem in the past? If so, please list and give the date: _____

If there is a referring physician, please list his/her name: _____

Signature: _____ **Date:** _____

Office use only:

Type of Account: _____ Account Number: _____ Clinician: _____ Student Name: _____

Montgomery Health Center
636-230-1990

Mid Rivers Health Center
636-397-3545

Southfield Health Center
314-849-3800

Updated: 12/8/17