



STUDENT HEALTH CENTER INTAKE FORM

801 Leroy Place, Joseph A. Fidel Center
Socorro, NM 87801
Phone: 575.835.5094
Fax: 575.835.5097

PERSONAL INFORMATION

Name: _____ Student ID#: _____ Female Male

DOB: ___/___/___ Age: _____ Ethnicity: _____

Address:

_____ Mailing _____ City _____ State _____ Zip _____

_____ Permanent _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

Address: _____ Mailing _____ City _____ State _____ Zip _____

INSURANCE INFORMATION (or provide copy)

Insurance Company Name: _____

ID#: _____ Group#: _____

I hereby authorize New Mexico Institute of Mining and Technology's Student Health Center to release my records to any physician, hospital, medical care facility, or insurance company for healthcare purposes. I also authorize photocopies of this form to be valid as the original. I hereby give my consent to the medical staff of the Student Health Center to examine and treat me and/or my minor child. I also understand that all services I receive are voluntary and confidential.

Signature

Date

Please fill out reverse side. → → → → →

