

John C. Longest Student Health Center
360 Hardy Rd. Mississippi State, MS
Phone (662)-325-5895
Fax (662)-325-8888

Patient Demographic Information

Print Name: _____ Date of Birth: ____/____/____

MSU ID: _____ NET ID: _____ Social Security #: _____

Address: _____

Street City State Zip Code

Email address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Circle One: Male Female Marital Status: Single Married Divorced

Place of Employment (if not a student): _____

Insurance

Check Here If No Insurance: _____ Insurance Company Name: _____

Mailing Address: _____

(on back of card) Street/P.O. Box City State Zip Code

Insurance ID Number: _____ Group Number: _____

Insurance Policy Holder (Person Who Owns Policy)

Name: _____ Circle One: Male Female

Address: _____

Street City State Zip Code

Date of Birth: ____/____/____ Cell Phone: (____) _____ Work Phone: (____) _____

Relationship to Patient: Self Spouse Parent Employer/School _____

Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Cell Phone: (____) _____ Work Phone: (____) _____