

Saint Joseph's College of Maine Health and Wellness Center

278 Whites Bridge Road, Standish, ME 04084-5236

Tel (207) 893-6634 / Fax (207) 893-7865

PLEASE PRINT **PATIENT INFORMATION FORM**

LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE	CELL PHONE	PLACE OF BIRTH		COUNTRY OF CITIZENSHIP	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		SEX	MALE []	FEMALE []
ENTERING SEMESTER: FALL [] SPRING []					
UNDERGRADUATE [] GRADUATE [] SUMMER PROGRAM [] SESSION # []					

NOTIFY IN CASE OF EMERGENCY

NAME		RELATIONSHIP		NAME		RELATIONSHIP	
HOME TELEPHONE		WORK TELEPHONE		HOME TELEPHONE		WORK TELEPHONE	
ADDRESS	CITY	STATE	ZIP	ADDRESS	CITY	STATE	ZIP

HEALTH INSURANCE INFORMATION
Please include a copy of your health insurance card, front and back.

PRIMARY INSURANCE CO. NAME		ID #	PLAN	GROUP
SUBSCRIBER'S NAME		SUBSCRIBER'S EMPLOYER	SUBSCRIBER'S DATE OF BIRTH	RELATIONSHIP
SECONDARY INSURANCE CO. NAME		ID#	PLAN	GROUP
SUBSCRIBER'S NAME		SUBSCRIBER'S EMPLOYER	SUBSCRIBER'S DATE OF BIRTH	RELATIONSHIP

PERSONAL PHYSICIAN / HEALTHCARE PROVIDER

NAME		TELEPHONE NUMBER	
ADDRESS		CITY	STATE ZIP

CONSENT FOR TREATMENT
(IF UNDER 18 YEARS OF AGE, SIGNATURE OF BOTH PARENT/GUARDIAN AND PATIENT IS REQUIRED)

I grant permission for the Health and Wellness personnel at Saint Joseph's College of Maine to administer to me routine medical treatment for minor illnesses/injuries and to arrange for any emergency medical care, if the circumstances at that time make it impossible for me to make that decision.

Patient's Signature	Date
Parent/Guardian's Name (If patient is under 18)	Relationship
Parent/Guardian's Signature (If patient is under 18)	Date

CONFIDENTIALITY STATEMENT
This information is for the use of the Saint Joseph's College Health and Wellness Center. This information will not be shared with other offices within the College or released to individuals outside of the College without your written permission, except in response to a court order, as required by State or Federal law, or as necessary, in our professional judgment, in cases of emergency.

WHEN AND WHERE TO SEND THE HEALTH FORMS
The Student Health forms must be completed, signed and submitted by Aug. 1 for the fall semester and before January 15 for the spring semester. Please make a photocopy of all the forms for your records; if the originals fail to reach us you will need the copy.

Mail to: Saint Joseph's College of Maine
Health and Wellness Center
278 Whites Bridge Road
Standish, ME 04084-5236

NOTE: FAILURE TO MEET STATE OF MAINE AND SAINT JOSEPH'S COLLEGE IMMUNIZATION REQUIREMENTS WILL RESULT IN DENIAL OF REGISTRATION.