

**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: (\_\_\_\_) \_\_\_\_\_