

Santiago Canyon College Health and Wellness Center Chart Face Sheet

8045 E. Chapman Avenue T-102
Orange, CA 92869-4512

Date: _____

Account # _____

Alternate ID:

Last Name: _____

Middle Initial:

First Name: _____

AKA:

Address: _____

City _____ State _____ Zip _____

Phone (Home): () _____ OK to Call?

(Work): () _____ OK to Call?

(Mobile) () _____ OK to Call?

Sex: Male Female

Ethnicity:

Date of Birth _____

AGE _____

Insurance Company:

Policy Holder:

Policy #

Emergency Contact: _____

Relationship: _____

Phone: () _____ OK to Call?

Address: _____

Street _____

City _____ State _____ Zip _____

Allergies:

Private Medical Doctor (PMD)

Medications:

Special Conditions:

Mother's Maiden Name

(TO BE USED WHEN CALLING IN FOR
RESULTS OR OTHER I.D. PURPOSE'S)