THE UNIVERSITY OF RHODE ISLAND
DIVISION OF STUDENT AFFAIRS

STUDENT AND EMERGENCY CONTACT FORM

THINK BIG WE DO™

DR. PAULINE B. WOOD HEALTH SERVICES
6 Butterfield Road, Potter Building, Kingston, RI 02881 USA p: 401.874.2246 f: 401.874.2586 http://health.uri.edu

This form can be completed directly online in the Patient Portal.
If you complete the online form, you do NOT need to print, complete, and upload this form.

Student Contact Information:

College ID # _____ Student Cell Phone # ***(REQUIRED)*** _____

Name _____ Date of Birth _____
LAST FIRST M.I. MM/DD/YYYY

Home Address _____
STREET CITY, STATE ZIP CODE

Home Phone Number _____
PHONE # (INCLUDING AREA CODE)

Status: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate

Age _____ Place of Birth _____ Race _____

☐ Female
☐ Male

While Health Services recognizes a number of genders/sexes, many insurance companies and legal entities unfortunately do not. Please be aware that your legal name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing and correspondence. If your preferred name and pronoun are different from these, please let us know.

Emergency Contact Information:

Specify person to be notified in case of emergency: _____
NAME

_____
STREET CITY, STATE ZIP CODE

_____ _____
PHONE # (INCLUDING AREA CODE) CELL PHONE # (INCLUDING AREA CODE)

Name of Primary Care Provider _____

Provider's Address _____
STREET CITY, STATE ZIP CODE

Provider's Phone Number _____
PHONE # (INCLUDING AREA CODE)