

STUDENT AND EMERGENCY CONTACT FORM

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 should 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 _____

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)