



Tiger Treatment Center
 Newport Middle High School
 243 North Main St., Newport, NH 03773
 (603) 863-3759 ext. 1203 * Fax: (603) 863-8263



STUDENT INFORMATION		
LAST NAME	FIRST NAME	MIDDLE
ADDRESS		
TOWN		ZIP CODE
DATE OF BIRTH		
TELEPHONE: HOME	CELL	EMAIL
PARENT INFORMATION		
WITH WHOM DOES THE STUDENT LIVE? MOM DAD BOTH GUARDIAN		
MOTHER		FATHER
ADDRESS		ADDRESS
TOWN, ZIP		TOWN, ZIP
TELEPHONE: HOME _____		TELEPHONE: HOME _____
WORK _____		WORK _____
CELL _____		CELL _____
EMPLOYER:		EMPLOYER:
MEDICAL INFORMATION		
PRIMARY CARE PHYSICIAN/ PEDIATRICIAN:		
TELEPHONE NUMBER:		
MEDICATIONS:		
MEDICAL PROBLEM LIST:		
LAST PHYSICAL EXAM:		
HEALTH INSURANCE INFORMATION		
MEDICAID YES/ NO	INSURANCE YES/ NO	
MEDICAID NUMBER:	NAME OF INSURANCE CO: ANTHEM BC/BS CIGNA	
OTHER:		
ID #:		COPAY \$
GROUP #		
SUBSCRIBER:		
SUBSCRIBER DATE OF BIRTH:		
SUBSCRIBER SOCIAL SECURITY #:		
SUBSCRIBER EMPLOYER:		
STUDENTS RELATIONSHIP TO SUBSCRIBER:		

