NATURAL HEALTH CLINIC OF OLYMPIA-3624 Ensign Rd NE, Ste B, Olympia, WA 98506 (360) 491-4131

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which number would you prefer us to leave a message?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give us permission to leave a detailed message on this phone (ie lab results)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (used in case we need to send you information)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Married Single Partner

Circle one: Employed Student

Medical Insurance Information

Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary person on policy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the insured (circle one) self child partner spouse

Date of birth of primary insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of primary insured (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insured employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Insurance (for PIP only)

Auto policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_Claim #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of accident\_\_\_\_\_\_\_\_\_\_\_\_\_Person to contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For office use only:

Copay\_\_\_\_\_\_\_\_\_\_Coinsurance\_\_\_\_\_\_\_\_\_\_\_Deductible\_\_\_\_\_\_\_\_\_\_\_\_\_Met? Yes No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acupuncture benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Naturopathic benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual check-up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Need a referral? Yes No Waiting period until\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*Person spoke to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_­