

Natural Health Clinic of Olympia • 3624 Ensign Rd. NE Suite 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 \_\_\_\_\_