



1518 Bishop Rd SW
Tumwater, WA 98512
p: 360-923-5588
f: 360-915-9815

Personal

Patient Name _____ Date _____

Address _____ City/State/Zip _____

Phone Number (Cell) _____ Carrier _____ (Home) _____

Email Address _____

Last Four of Social _____ Date of Birth _____ Age _____ Gender _____

Marital Status _____ Spouse's Name _____

Emergency Contact _____ Phone Number _____

May release information to _____

Would you like to receive text messages for appointment reminders? Yes / No

May we leave a detailed message/text if we are unable to reach you? Yes / No

Employer Name _____ Phone _____

Address _____

Occupation _____

How will you be paying for services? _____ Private Health Insurance _____ Cash _____ PIP/Worker's Comp

Are you being seen for injuries from a work or auto accident? Yes / No

Health Insurance Information

Name of Insurance Co _____

Subscriber Name _____ Subscriber DOB _____

Subscriber Relationship to Patient _____

(Skip this section if we have a copy of your card)

ID or Policy Number _____ Group Number _____

Insurance Phone _____

How did you choose our clinic? _____

Authorization for care of a Minor: I authorize the doctors and staff to perform any necessary services during diagnosis and care of my child. Parent Signature: _____ Date: _____

Patient Name (Print): _____ **Date:** _____

Signature: _____ **Parent Signature if Minor:** _____