

Washington Homeopathic Clinic

19420 Maxwell Rd SE, Maple Valley WA 98038
2025 112th Ave. NE, Suite 300, Bellevue WA 98004
425-881-8929 admin@wahomeopathy.com

Michael Baker, MS, ND, DHANP
Ryan Robbins, ND, DHANP

Patient Registration Form

Today's Date: _____

First Name: _____ Last Name: _____

Birth Date: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone (please circle): Home / Cell / Work

Phone: _____ Confidential voice message OK? Y/N

Email Address: _____

Marital Status (required for insurance, please circle): Married / Single / Other _____

If patient is a minor: Parent or Guardian Information

First Name _____ Last Name _____

Relationship to Patient _____

Preferred Phone: _____ (circle) Home / Cell / Work

Email Address: _____

Person responsible for patient's billing charges

First Name _____ Last Name _____

Relationship to Patient _____

Emergency Contact Information (if different than Parent or Guardian Information above)

First Name _____ Last Name _____

Relationship to Patient _____

Preferred Phone: _____ (circle) Home / Cell / Work

Email Address: _____

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Insurance Information

Primary Insurance Company Name _____

Insurance ID # (including Alpha Prefix) _____

Group Number _____

Subscriber Name: First _____ Last _____

Subscriber Birth Date _____

Secondary Insurance Company Name _____

Insurance ID # (including Alpha Prefix) _____

Group Number _____

Subscriber Name: First _____ Last _____

Subscriber Birth Date _____

Preferred Pharmacy _____ **Phone** _____ **Location** _____

How did you hear about our clinic? (please circle):

Friend / Family / Colleague / Work / Insurance Company / Internet Search / Other: _____