



PERSONAL & WORK INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ M F

Are you: single married widowed significant partnership child

Live with: spouse relatives friends alone other: _____

Occupation: _____ Education: _____ Hrs/week: _____

Employer: _____ Business Phone:(____) _____

Cellular/other #: (____) _____ E-mail: _____

Preferred method of contact: phone email text (____)

How did you hear about us? _____

Emergency contact: _____ Phone: (____) _____

Relationship: _____

FINANCIAL & INSURANCE INFORMATION

Please choose one: I will pay my balance in full at time of service I prefer to make payment arrangements prior to services being rendered

Do you have medical insurance that covers Naturopathic care? Y N SEE CARD or fill in below: _____

Insurance Co: _____ Phone: (____) _____

Address: _____ City: _____ State: Zip: _____

ID #: _____ Group #: _____

Insured Name: self _____ Insured Phone: (____) _____

Insured Address: _____ City: _____ State: Zip: _____

Insured SSN: _____ Insured DOB: _____ Relationship to patient: Spouse Child

Insured M F Insured Employer & Address _____

RECORDS RELEASE & ASSIGMENT OF BENEFITS

The undersigned hereby authorizes the Release of any information relating to claims for benefits submitted. I further agree and acknowledge that I authorize my physician to submit claims for benefits for services rendered without obtaining my signature on each claim. I, (patient) _____, hereby authorize (Insurance Co.)

_____ to pay and hereby assign directly to Dr. Crystal Hannan all owed benefits. I understand that I am financially responsible for all charges incurred.

Signature of Patient or Responsible Party

Date

CONSENT FORM & AGREEMENT

Any procedure intended to help my have complications. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. These complications include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, digestive changes, and temporary worsening of symptoms. More serious complications are extremely rare. Additional information about side effects and complications is available upon request. If Dr. Hannan does not explain to your satisfaction, please ask for more information.

I have read and understand the above statements regarding treatment side effects and I also understand that there is no guarantee for a specific cure or result.

Signature of Patient or Guardian if patient is under 18 years of age

Date