Corina B. Going, ND
Naturopathic Physician ◆ Classical Homeopath
309 South G Street, Suite 4 Tacoma, Washington 98405
(253) 341-9410 fax: (253) 442-6144

PATIENT PROFILE

Today's date ________________
Patient Name ____ Birthdate ______________
Patient Gender __________ Preferred Pronouns ______________________
Parent's name (if patient a minor)____
Address ____
City ____________________ State ___________ Zip _______________________
Home phone _________________ Work phone ___________________
Other phone __________________ Email: ________________________________
Occupation____
Employer____

In case of emergency, please contact:
Name ____ Phone _______________

Relationship _____________________________________

INSURANCE INFORMATION

Please Print Clearly in Black or Blue Ink

Primary Insurance
Insurance Company Name ____
Insurance Company Address ____
Name of policy holder _________________________ Birthdate of policy holder ___________
Relationship of patient to policy holder: ☐ self ☐ spouse ☐ child ☐ other __________
Policy holder's ID number ______________________ Policy holder's employer____________
Policy number ________________________________
Policy holder's plan, group or program name _______________________________________

Secondary Insurance
Insurance Company Name ____
Insurance Company Address ____
Name of policy holder _________________________ Birthdate of policy holder ___________
Relationship of patient to policy holder: ☐ self ☐ spouse ☐ child ☐ other __________
Policy holder's ID number ______________________ Policy holder's employer____________
Policy number ________________________________
Policy holder's plan, group or program name _______________________________________

OTHER INFORMATION

If automobile or work related accident, please give the date of the injury. ________________

What other health care are your presently receiving? ________________________________

How did you hear about this clinic?____

PRESENT HEALTH CONCERNS: In your opinion, what are your most important health concerns in their order of significance? Please indicate the problem that motivated you to come in today.

1) ____
2) ____
3) ____
4) ____
5) ____