



Corina B. Going, ND

Naturopathic Physician ♦ Classical Homeopath

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(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 you 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) _____