



PATIENT AND INSURANCE INFORMATION

Seattle Acupuncture Wellness Center

10564 5th Avenue N.E., Suite 404

Seattle, WA 98125

Phone: 206-522-1509

The following information is important to the maintenance of your account and or your care. Please complete all the questions asked to the best of your ability. Do not hesitate to ask for assistance if needed. We will be happy to help you.

PATIENT INFORMATION:

Name _____ Social Security _____ - _____ - _____

Age _____ Date of Birth _____ Male _____ Female _____

Married _____ Divorced _____ Single _____ Separated _____ Widowed _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

Email _____

Occupation _____ Employer _____

RESPONSIBLE PARTY:

Name of responsible party _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell Phone _____

Email _____

INSURANCE INFORMATION:

Subscriber name _____ ID # _____

Address _____ City _____ State _____ Zip _____

Customer service phone number _____

Subscriber date of birth _____ Relationship to subscriber _____

Secondary Insurance _____ ID # _____

Address _____ City _____ State _____ Zip _____

Customer service phone number _____

Subscriber date of birth _____ Relationship to subscriber _____

EMERGENCY CONTACT / NEXT OF KIN:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Whom may we thank for referring you? _____