NW HEADACHE AND WELLNESS CENTER
11782 SW BARNES RD BLDG C SUITE 130
PORTLAND OREGON 97225
Phone: 503-601-0300 | Fax: 503-597-6005

NEW PATIENT REGISTRATION FORM

PATIENT INFORMATION

Patient's Last Name	First	Middle	☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	Marital Status ☐ Sgl ☐ Mar ☐ Div ☐ Sep ☐ Wid

Is this your legal name? ☐ Yes ☐ No	If not, what is your legal name?	(Former Name)	Birth Date	Age	Sex ☐ M ☐ F

Home Address	City	State	ZIP Code

Social Security	Home Phone ( )	Cell Phone: ( )	Email

Occupation	Employer	Work Phone No. ( )

How were you Referred to our Clinic? (Please check one box) ☐ Dr. _____ ☐ Insurance Plan ☐ Hospital
☐ Family ☐ Friend ☐ Close to Home/Work ☐ Yellow Pages ☐ Other _____

Attorney Information (If Applicable)	Which phone number can we leave messages on?
PREFERRED PHARMACY: **PRIMARY DOCTOR:**	Is there any family member or friend that we have permission to communicate with about your health care? Name: Relation to you: Phone:

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST)

Person Responsible for Bill	Birth Date	Address (if different from above)	Home Phone No. ( )

Occupation	Employer	Employer Address	Employer Phone No. ( )

Primary Insurance Company Name and Phone Number:

Subscriber's Name	Subscriber's Social Security #	Birth Date	Policy #	Group #	Co-Payment $

Patient's Relationship to Subscriber ☐ Self ☐ Spouse ☐ Child ☐ Other _____

Name of Secondary Insurance (if applicable)	Subscriber's Name	Policy #	Group #

Patient's Relationship to Subscriber ☐ Self ☐ Spouse ☐ Child ☐ Other (explain) _____

IN CASE OF EMERGENCY

Name of Local Friend or Relative (not living at same address)	Relationship to Patient	Home Phone No. ( )	Work Phone No. ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize NW Headache and Wellness Center or insurance company to release any information required to process my claims.

X _____
PATIENT/GUARDIAN SIGNATURE **DATE**

Revision 2013-08/27