



## NEW PATIENT INTAKE FORM

Name:	Phone/s		
Address:	City:	State	Zip
DOB:	SS#:		
Relationship Status: Married/Partnered    Divorced/Separated    Single/Widowed			
Emergency Contact	Phone		
How did you hear about us?			
<b>INSURANCE INFORMATION</b>			
Insurance Company/Plan Name:			
Group Number:	ID/Claim Number:		
Insurance Phone:			
Whose Policy is this: Self    Spouse    Third Party (If not self, please list name & date of birth of policy holder)			
It is your responsibility to familiarize yourself with your insurance policy. If you are unsure whether you have naturopathic coverage, please call your insurance company or check online to verify. It is important to know if you have a deductible, if you have preventative care, and which labs are covered by your insurance. Copays are due at the time of service.			