

Office of Erik W. Gilbertson, D.C., N.D.

Naturopathic Medical Doctor and Chiropractor The Natural Path to Health

Phone: (253) 579-3958

PATIENT HEALTH HISTORY

Patient Name:				
First	First Middle		Last	
Natural medicine healthcare is possible only vand emotional conditions. The information your health goals. Feel free to mark anything thoroughly.	ou provide helps your	practitioner und	erstand your needs a	and how to help you reach
Address:				
City:	State:		Zip code:	
Telephone numbers: Home:		Cell: _		
Preferred # for appointment reminders and o	other messages – no h	ealth information	n will be disclosed:	
Email:	Birth date:			
Age: Gender (circle o	one): M F	Nu	mber of children	you have:
Occupation:	Hours per week:			
Employer: Employer address:				
Marital status: Single	Married P	artnership	Separated	Divorced
With whom do you live? Spouse	Parents	Friends	Children	Alone
Spouse/parent name:	me:Spouse/parent birth date:			
Spouse/parent phone:				
Spouse/parent address (if not same as				
Incurance Company		Crount	4.	
Insurance Company:		_		
Insurance Company Address (on back	k of card):			
Policy #:				
How did you hear about our clinic? _				
May we thank the person that referre	d you?			
Emergency contact:				
elationship: Telephone number:				
I acknowledge that I am financially responsible for visits, the undersigned agrees to pay for all costs an release information necessary to secure payment.				

Signature: _____ Date: _____