Patient Registration

Northwest Integrative Medicine
Geoffrey Lecovin, ND DC LAc
284 Central Way ~ Kirkland, WA 98033
Office: 425-999-4484 ~ Fax: 425-999-4484

Patient Name: _____

Last First Middle

Date of Birth: _____ / _____ / _____ Sex: ☐ Male ☐ Female

_____ _____

Street address City State Zip code

_____ _____ _____

Primary phone
☐ OK to leave detailed voicemail

Secondary phone
☐ OK to leave detailed voicemail

Email (we email statements when possible)

_____ _____ _____

Occupation Employer Spouse

_____ _____

Employer's address City State Zip code

_____ _____

Emergency contact Phone number

Do you have insurance that covers our services? ☐ Yes ☐ No

(NOTE: If a copy of your insurance card is obtained, you do not need to fill out the information below)

_____ _____

Insurance company Phone number

_____ _____

ID number Group number

_____ _____

Subscriber's name Subscriber's employer

Assignment & Release: I hereby authorize my insurance benefits to be paid directly to the provider. Please read our financial policy in its entirety.

_____ _____

Patient Signature Parent or Guardian Signature (if patient is a minor)

_____

Date