Wellness Center

Relief Today,
Better Health Tomorrow

Dr. Mark J. Blessley, N.T.S., B.S., D.C.
Dr. Roger A. Barnick, B.S., D.C.

3606 Main St. Suite 205
Vancouver, WA 98663
(360) 693-7781
www.healthonline.us
ghn@healthonline.us

Who can we thank for the referral?		
Patient Name Last-First-Middle	Male Female	Date of Birth: Month-Day-Year
Minor Patient Name Last-First-Middle	Parent or Guardian Name	Date of Birth: Month-Day-Year
Address	City	State Zip
Patient's Social Security #	Patient's Marital Status	Name of Spouse
Mailing Address if Different from above	City	State Zip
Home Phone #	Cell Phone #	Email
Name of Employer	Employer's Phone Number	Name of Spouse's Employer
Nearest Relative Not Living with You	Relationship	Relative's Phone Number
Name of Insured Patient's Auto Insurance Company	Name of Party at Fault Party at Fault Insurance Company	Date of Motor Vehicle Accident
Claim # Policy #	Claim # Policy #	City and State Accident Occurred
Claim Adjustor Name & Phone #	Claim Adjustor Name & Phone #	Was the Accident Your Fault Yes No

I certify that this information is true and correct to the best of my knowledge and hereby authorize Good Health Naturally, PLLC to do whatever is necessary in accordance with state statues for the care and management of my complaints. I understand and agree that I am ultimately responsible for payment and that co-pays are due at the time of service. I acknowledge that I have been given a copy of this office's privacy policy and have read and understand the policy.
Signature____ Date_______________