



**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**

PLEASE FILL OUT COMPLETELY

Who can we thank for the referral?		
Patient Name Last-First-Middle		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
Name of Nearest Relative Not Living with You	Relationship	Relatives Phone Number
Name of Person Financially Responsible for Payment	Name of Insured & Relationship to Patient	I will be Paying Today by: Cash Check Credit
Primary Insurance Company	ID #	Group #
Secondary Insurance Company	ID #	Group #

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD

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 _____