Maggie Yu, MD　Alicia Marrah-Pierson, CFNP　Ryan Cate, PA　Carrie Jones, ND　Debbie Rice, ND

Sherwood Family Medicine
An Integrative Health Center
20015 SW Pacific Hwy., Ste. 300
Sherwood, OR 97140
Phone 503.625.2848　Fax 503.625.2899

PATIENT INFORMATION

Completion of this information in its entirety is required at time of visit

NAME____Social Security #_______-____-_______DOB_____________
Last　First　Middle

Home Address____ _____________________ ______ __________
Street　City　State　Zip

Home Phone (_____)______-_______ Cell Phone (____) _____-______ Work Phone (____) _____-____ _____

Employer______________________________________Occupation___________________________________ _____

E-mail Address____ ___

Marital Status (check one): Single___ Married ___ Divorced___ Separated____ Domestic Partner ____ Widow___

MUST BE FILLED OUT FOR MINORS

If someone other than the patient is responsible for payment (or is the primary insured), complete the following:

Name of the responsible party____SSN# ____________________________
Address____
Relationship to patient____ Home Phone (___) _______-____________
Employer________________________Address_________________________________Work Phone (___)____-_______

In Case of Emergency:

Relative of contact (other than spouse)____Phone (___) ____-______
Relationship to patient____
Other Person to contact (not relative)____Phone(___) _____-_____
Relationship to patient____

How do you intend to pay?　Cash Policy　Insurance

Primary Insurance Co.____ID#_____________________________________
Name of Insured____Group#_____________________________________
Secondary Insurance Co.____ID#__________________________________
Name of Insured____Group#____________________________________

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections for any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.

Signature____Date_______________________