

## PATIENT INFORMATION

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ PHONE H (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE  UNDER 18  65 OR OLDER

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

IF UNDER 18, MOTHER'S NAME \_\_\_\_\_ PHONE # (IF DIFFERENT) (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE # (IF DIFFERENT) (\_\_\_\_) \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### Financially Responsible Person, (if different than patient)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Patient \_\_\_\_\_ Hm Phone# (\_\_\_\_) \_\_\_\_\_ Wk Phone# (\_\_\_\_) \_\_\_\_\_

### Financial Policy

#### Payment

You are responsible for all charges incurred while under treatment. Full payment is expected at the time services are rendered. We accept cash, check, Visa or Master Card in the office or over the phone. After 60 days a 1.5% monthly service charge will be applied to your account.

#### Insurance

We do not bill insurance companies. We can provide you with super bills that you mail into your insurance company. You are responsible for all charges.

#### Seniors

An office visit discount will be given to our patients age 65 or over. Medicare/Medicaid will not cover Naturopathic services.

**Agreement: I understand and agree to the above financial policy. I will abide by its terms.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Consent to Use Electrodiagnostic Methods

I understand that Dr. Robert Jangaard is a Naturopathic Physician licensed in the State of Washington. That he has extensive training in the use of Electrodiagnostic Testing Instruments and is using the data from these tests to investigate a functional assessment of my condition, (not a pathological diagnosis). That the collection of this data may be used in research being conducted by the AANP (American Association of Naturopathic Physicians) position paper titled Electrodiagnosis in Naturopathic Practice under the bylaws of the AANP.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_