SEATTLE HEALING ARTS

Quantum Health~Quantum Neurocare
6300 9th Ave. NE Suite 200 Seattle WA 98115
206-428-2075 www.quantumneurocare.com

PATIENT REGISTRATION

Please fill out completely

First Name: **M:** **Last Name:**

Street Address: **City:**

State: **Zip:** **Primary Phone Number: ( )**

Email: **Secondary Phone Number: ( )**

Employer: **Occupation:**

Date of Birth: / / **Age:** **Gender: ( )m ( )f**

( )Employed ( ) Unemployed ( ) F/T Student ( ) P/T Student ( ) Retired ( ) Other

( ) Single ( ) Partnered ( ) Married ( ) Divorced ( ) Widowed ( ) Dependent ( ) Other

Responsible Party: **Phone Number: ( )**

Address: **City, State, Zip:**

Emergency Contact: **Phone Number: ( )**

Referred by: **Insurance Company Name:**

Subscriber's Name: **Relationship to you:( )Self ( )Spouse ( )Dependent ( )Other**

Group Number: **Member ID Number:**

I understand that I am financially responsible for all charges and agree to pay for services in full. I understand that if I fail to cancel an appointment at least 24 hours in advance I may be charged a fee and will be held responsible for payment.

Signature: **Date:**