

Patient Information



10330 SE 32nd Ave, Suite 120
Milwaukie, OR 97222
503-659-8900
www.advancedhealingpdx.com

Last Name: _____ First Name: _____ Preferred Name: _____

Date of Birth: ____ / ____ / ____ (day/month/year)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ HOME CELL WORK (circle one)

Secondary Phone: _____ HOME CELL WORK (circle one)

Email address: _____

Check if you would NOT like to receive our monthly newsletter with special discounts, health tips, and fun events

Marital Status: Single Married Separated Divorced Widowed

How did you hear about us? (Please specify location or person's name so we can thank them)

Personal Referral _____ Medical Referral _____

Internet Search _____ Other _____

Name/Location of your Primary Care Physician: _____

What is your job title? _____ Name of Employer: _____

What is your favorite music (artist or genre)? _____

In case of emergency, contact _____ Phone: _____

Charges are due and payable at the time of treatment unless confirmation of insurance coverage has been received. Insurance co-payments are due at time of treatment.

Appointments missed or cancelled with less than 24 hours notice will incur a \$40 fee

The above is true, understood and agreed.

Signature _____ Date _____

Insurance Information (if applicable)

Policy Holder _____ Relationship to Patient _____

Health Insurance Company _____ Business Phone _____

Address _____

City _____ State _____ Zip Code _____

Policy # _____ Group # _____ Effective Date _____

MVA/Workers Comp Information (if applicable)

Insurance Company _____ Policy # _____

Date of Injury ____ / ____ / ____ (day/month/year) Claim # _____

I hereby assign Advanced Healing (PJG Enterprises Inc.), any medical Benefits for services rendered by them to which I am entitled. I authorize the release of any medical or other information necessary to process claims for those services. I understand that I am responsible for any charges not covered by my insurance.

Signature _____ Date _____