

Cougar Sound Spirits Healing Center

Dr. Amanda Hegnauer
Naturopathic Doctor

Patient Information

PATIENT'S NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Street, PO Box)

(City) (State) (Zip Code)

PLEASE CHECK NEXT TO THE NUMBER TO CALL TO BEST REACH YOU:

Home Phone: () _____ Day/Work: () _____ Cell: () _____

SOC. SEC # _____ - _____ - _____ DATE OF BIRTH _____ SEX: M F

MARITAL STATUS: M S D NAME OF PRIMARY CARE PHYSICIAN _____

E-MAIL ADDRESS _____ WOULD YOU LIKE TO RECEIVE OUR NEWSLETTERS VIA

E-MAIL? (We will never share, rent or sell you r information to a third party). Yes No

NAME OF EMPLOYER _____

HOW DID YOU HEAR ABOUT US? _____

GUARANTOR INFORMATION (PERSON RESPONSIBLE FOR PATIENT AND ACCOUNT)

NAME OF SPOUSE/PARTNER/PARENT _____

PERSON RESPONSIBLE FOR BILL _____

DATE OF BIRTH _____ EMPLOYER _____

PHONE () _____ RELATIONSHIP _____

EMERGENCY CONTACT _____ PHONE () _____

INSURANCE INFORMATION – WE WILL NEED A COPY OF YOUR CARD

INSURANCE NAME _____

ADDRESS _____
(Street, PO Box) (City) (State) (Zip)

POLICY NUMBER _____ GROUP NUMBER _____

NAME OF POLICY HOLDER _____ RELATIONSHIP _____

POLICY HOLDER EMPLOYER _____ PHONE () _____

ADDRESS _____
(Street, PO Box) (City) (State) (Zip)

HMO PATIENTS: DO YOU HAVE A REFERRAL? _____

IS THIS COVERED BY WORKMAN'S COMPENSATION? _____ DATE OF INJURY _____

ADDRESS _____
(Street, PO Box) (City) (State) (Zip)

A CHARGE WILL BE MADE FOR BROKEN APPOINTMENTS UNLESS 24 HOURS NOTICE IS GIVEN

Cougar Sound Spirits Healing Center

77 Penacook Road ♦ North Sutton, NH 03260 ♦ 603.927.4526