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THIS SHEET MUST BE FILLED IN COMPLETELY

Patient Information

Date_____

Client's First Name_____ Last Name_____ MI_____

Address_____ City_____ State_____ Zip_____

Telephone: Cell _____ Work_____

Birthdate____/____/____ Age_____ Gender __F__M

Marital Status: S__M__D__W__Other_____

E-MAIL_____

Name of Spouse/Partner/Guardian_____ Birthdate: ____/____/____

Phone_____

REFERRED BY: _____ Phone: _____

Therapist _____ Duration/Frequency_____

Emergency Information

In case of emergency, contact:

Name _____ Relationship_____ Phone_____

Physician_____ Phone_____

Employment Information

Place_____ Occupation_____ Phone_____

Spouse/Partner: Place_____ Occupation _____ Phone_____

Insurance Information

Choose:

1. Send photos of the front and back of your insurance card via email attachment before our first appointment.
2. Bring photo copies of the front and back of your insurance card with you to the first appt.
3. Arrive at your appt with insurance card out and ready with completed initial paperwork. I will scan a copy for you.

If you are not the primary subscriber please complete below:

Subscriber_____

Subscriber Date of Birth _____

Client's relationship to Subscriber

__Self __Spouse __Child __Other_____