

Office address

134-D Riverside Ave.
Winthrop, Washington 98862

(509) 996-2606

Mailing address:

42 Chewuch Heights Road
Winthrop, Washington 98862

E-mail address:

julmerphd@gmail.com

PATIENT INFORMATION SHEET

Name _____ Date _____

Mailing Address _____ Home Ph _____

City/State/Zip _____ Work Ph _____

Age _____ Birth date _____ Social Security # _____

Occupation _____ Employer _____

If a minor:

Parent's name _____ Employer _____

Street _____ Date of Birth _____ SS# _____

City/State _____ Zip _____

Home Ph _____ Work Ph _____ Cell _____

Insurance:

Name of Company _____ Ph # (back) _____

Street _____ Policy Number _____

City/State/Zip _____ Group Number _____

Referred by: _____

I understand that I am financially responsible for payment for services provided and that I will be charged for appointments canceled with less than 48 hours notice.
