

New Patient Intake Form

Thank you for choosing Just Living Healthcare! To expedite the check in process for your upcoming visit, please complete the new patient intake form below. Please feel free to contact us at 360-328-1173 with any questions or concerns.

Personal Details

First Name *

Last Name *

Date of Birth * / / (MM/DD/YYYY)

Gender * Male Female

Blood Group

Language

Race American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander
 White

Ethnicity Hispanic or Latino Not Hispanic or Latino

Employment Status Employed Full-Time Student
 Part-Time Student Unemployed
 Retired

Marital Status Single Married
 Others

Smoking Status Current every day smoker Current some day smoker
 Former Smoker Never Smoker
 Smoker, current status unknown Unknown if ever smoked

Primary Contact Details

Caregiver First Name

Caregiver Last Name

Email *

Home Phone

Mobile Phone _____
Work Phone _____
Extn _____

Primary Phone Mobile Phone Home Phone
 Work Phone

Address Line1 * _____
Address Line2 _____
City * _____
Country * _____
State * _____
Zip code * _____
Postbox No _____
Emergency Contact Name _____
Emergency Contact Number _____
Extn _____

Primary Insurance Details

Insurance Type * MEDICARE MEDICAID
 TRICARE CHAMPUS CHAMPVA
 GROUP HEALTH PLAN FECA BLK LUNG
 OTHER _____

Insurance Plan Name or Program Name * _____
ID * _____
Insurance Company Name (Payer Name) * _____
Payer Id * _____
Payer Address _____
Payer City _____
Payer Country _____
Payer State _____
Payer ZipCode _____

Valid From / / (MM/DD/YYYY)
Valid Until / / (MM/DD/YYYY)
Payer ZipCode _____
Copay _____
Deductible _____
Employer/School Name _____
Comments _____

Insured Person Details

Patient Relationship * Self Spouse
 Child Other

First Name * _____
Last Name * _____
Date of Birth * / / (MM/DD/YYYY)
Gender * Male Female

Address Line 1 _____
Address Line 2 _____
City _____
Country _____
State _____
Zip Code _____
Home Phone _____
Mobile Phone _____

Allergies

Drug Allergy _____

Food Allergy

Environmental Allergy

Medications

Supplements

Is there any additional information you would like us to know?
