

FAX-425-774-0690

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**Client Registration—Please Print**

Client \_\_\_\_\_  
Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
(if client is under 18) Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Information for Spouse, or Parent/Guardian (if client is minor)**

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse' Name \_\_\_\_\_ Birthdate \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

Your Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact? \_\_\_\_\_ Phone \_\_\_\_\_

**PERSON RESPONSIBLE FOR BILL, IF NOT CLIENT**

Name \_\_\_\_\_ Relationship to client \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_


**INSURANCE INFORMATION**

Insurance Co. \_\_\_\_\_ Client's Relationship to Subscriber  
Dependent  Self  Spouse

Subscriber \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Subscriber's ID # \_\_\_\_\_ Group # \_\_\_\_\_

Is insurance authorization needed? \_\_\_\_\_ Have you obtained? \_\_\_\_\_ What is the amount of your co-payment? \_\_\_\_\_

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits to be paid directly to the provider of service. I am financially responsible for any balance due. I also authorize the doctor/provider or insurance company to release any information required for this claim.

**Please Sign** \_\_\_\_\_  \_\_\_\_\_ **Date** \_\_\_\_\_

**Important** Payment is expected at the time of service. All balances due are payable within 30 days. Accounts with balances over 30 days will be charged a finance charge of 1% per month. Missed appointments and cancellations without 24 hours advanced notice will be charged.

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Initial \_\_\_\_\_ 