



1920 Black Lake Blvd S.W. * Olympia, WA 98512 * (360) 534-9222

Patient Information: Circle your doctor: Dr. Ebalo Dr. Barer Megan A.R.N.P. Dr. Hagan

_____ M or F

Patients First Name	MI	Last Name	Date of Birth	Social Security #
Street/PO Box	City	State	Zip	Home Phone Number

(If PO Box was used above, please write in Physical address, City, State and Zip)

Guardian #1

Relationship to Patient: _____

First Name	Middle Name	Last Name	Date of Birth	Social Security #
Street/PO Box	City	State	Zip	
Home Phone Number	Work Phone Number	Employer Name & Address		
Cell Phone Number	Email Address			

Guardian #2

Relationship to Patient: _____

First Name	Middle Name	Last Name	Date of Birth	Social Security #
Street/PO Box	City	State	Zip	
Home Phone Number	Work Phone Number	Employer Name & Address		
Cell Phone Number	Email Address			

Emergency Contact Information: *(Nearest relative/friend outside of your household)*

First Name	Last Name	Home Phone	Cell Phone	Relationship to Patient
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