WASHINGTON HEALTH & HEALING, LLC
2141 K Street NW, Suite 604
Washington DC 20037
Voice: 202-223-4943 Fax: 202-223-4947

Please print clearly, thank you!

TODAY'S DATE____

NAME____

ADDRESS____

____

HOME PHONE________________WORK ________________MOBILE_______________

EMAIL ADDRESS____

DATE OF BIRTH_____________________AGE____________GENDER______________

HOW DID YOU HEAR ABOUT US?__________________________________

REFERRING DOCTOR____

BRIEF DESCRIPTION OF PROBLEM (S)____________________________

_____________________________________DATE OF ONSET_____________

EMERGENCY CONTACT AND PHONE_____________________________

OCCUPATION____

FOR STUDENTS WHOSE PARENTS ARE RESPONSIBLE FOR PAYMENT:

____

Name of Parent/Guardian | Cell Phone | Work Phone

____

Address