

Heidi Peterson, ND



4444 SW Corbett Ave, Portland, OR 97201 < 503-224-2590 < 503-224-2592 (fax)

Patient Information

Patient Name: _____ Age: _____ DOB: _____

SSN: _____ Gender: Male / Female

Parent/Guardian: _____

Parent/Guardian: _____

Address: _____

Phone #: Home: _____ Cell: _____

Work: _____ Please circle numbers where we can call
and leave messages.

Email: _____

Check box if you want to be contacted via email.

EMAIL IS NOT APPROPRIATE FOR URGENT QUESTIONS.

Emergency Contact: _____

Relationship to patient: _____ Phone: _____

If you would like to authorize another person to be able to discuss your child's health or billing information with us, please list them below. I.e. – if you want your spouse to get your child's lab results or research a billing issue.

Name: _____ Relationship: _____

Whom can I thank for this referral? _____

Authorization to Treat (please initial below)

_____ I authorize Heidi Peterson, ND to examine and treat my child.

_____ I understand that treatments and therapies recommended by Heidi Peterson, ND
may be different than those offered by other licensed health care providers and I
am at liberty to seek other care for my child.

Signature of Guardian: _____ Date: _____