

PATIENT FORM

Welcome to Selkirk Naturopathic Clinic

Registration Information

Today's Date: _____

Name: _____
(First) (Last)

Health Card # _____

Do you have medical coverage? Y N _____

Date of Birth: _____ Age: _____ Gender: _____
Month/Day/Year

Home Address: _____

City: _____ Postal Code: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

How did you hear about our clinic? _____

Emergency Contact: _____ Phone: _____

We will be Emailing The Selkirk Naturopathic Newsletter to our patients monthly.

Would you like your name to be included? Yes _____ No _____

If Yes, what is your Email address? _____

We will have our Newsletter available at the clinic and we will post upcoming events and lectures. Our goal is to assist you in achieving and maintaining wellness through our therapies and education process.