

Neurology Associates NW – Portland  
 501 N Graham Street – Suite 515  
 Portland, OR 97227  
 Ph: 503-282-0943

Neurology Associates NW – Gresham  
 24900 SE Stark Street – Suite 211  
 Gresham, OR 97030  
 Ph: 503-669-0435

Christopher J Ginocchio MD

Elizabeth A North DO

Kirk L Weller MD

**PATIENT INFORMATION**

LAST NAME		FIRST NAME		MIDDLE INITIAL	PHONE #
ADDRESS			CITY	STATE	ZIP
BIRTH DATE	SEX	MARITAL STATUS		SOCIAL SECURITY # [LAST 4 REQUIRED]	
PRIMARY LANGUAGE			PREFERRED PHARMACY		
EMERGENCY CONTACT			RELATIONSHIP	PHONE #	
PRIMARY CARE PHYSICIAN & PHONE #			PATIENT EMAIL		

**COMPLETE IF THE PATIENT IS A MINOR [UNDER THE AGE OF 18]**

PARENT/RESPONSIBLE PARTY		RELATIONSHIP	PHONE
ADDRESS		DATE OF BIRTH	SOCIAL SECURITY #

**INSURANCE INFORMATION**

INSURANCE COMPANY NAME		ID #	GROUP #
ADDRESS		SUBSCRIBER NAME	
		SUBSCRIBER DATE OF BIRTH	
SECONDARY INSURANCE COMPANY NAME		ID #	GROUP #
ADDRESS		SUBSCRIBER NAME	
		SUBSCRIBER DATE OF BIRTH	

**WORKMAN COMPENSATION/MOTOR VEHICLE ACCIDENT INFORMATION**

INSURANCE COMPANY NAME		CLAIM #	DATE OF INJURY/LOSS
ADDRESS		CLAIM ADJUSTER PHONE #	

**PATIENT DISCLOSURE**

The above information is true to the best of my knowledge. I authorize my insurance benefits to be paid directly to my physician. I understand that I am financially responsible for my balance. I also authorize Neurology Associates Northwest [Dr.'s Ginocchio, North and Weller] to release any information required to process my claim.

**Patient Signature**

RESPONSIBLE PARTY SIGNATURE	DATE SIGNED
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