

**Institute of Complementary Medicine**

Cherry Hill - Jefferson Tower  
1600 E. Jefferson St, Ste 603  
Seattle, WA 98122

t: 206.726.0034 | f: 206.726.9434

**Providence Integrative Cancer Care**

at Providence Western Washington Oncology  
4525 Third Ave SE, Ste 200  
Lacey, WA 98503

t: 360.754.3934 ext: 1083 | f: 360.412.8955

## Patient Information

Date:

Last Name:  First:  Middle:

Age:  Date of Birth:  Sex:  Height:  Weight:

Address:  City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:  Fax:

**May we leave confidential voice-mail messages for you at any of the above numbers?**

- No  Yes; Please Specify:  Home  Work  Cell

Email:  Occupation:  Employer:

Domestic Status:

- Single  Partnered  Married  Separated  Divorced  Widowed

Emergency Contact/Relation:  Contact's Phone:

Referral Source:

- Physician/Specialty:   Insurance Provider List  Employer  
 Website  Internet Search  AANP "Find a Doctor"  Other:

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Would you like to be on our mailing list?

- No  Yes, I prefer :  email (address above)  regular postal mail

How did you hear about us?

Are you a patient at (check all that apply):

- RadiantCare Radiation Oncology  Providence Western Washington Oncology  
 Providence St. Peter Hospital  Other:

Have you participated in any other *Providence Integrative Cancer Care Services*?

- No  Yes (check all that apply);  Acupuncture  Massage  Nutrition  Yoga

Do you have a cancer diagnosis?

- No  Yes (please indicate type);

Are you currently undergoing cancer treatment?

Oncologist's Name:  Phone:

May we contact your physician in order to best coordinate your health care?  No  Yes