



Ko-Kwel

Wellness Center

630 Miluk Drive, PO Box 3190
Coos Bay, OR 97420
Phone (541) 888-9494 or (800) 344-8583
Fax (541) 888-5556

Date:		Who Recommended KWC?	
Full Legal Name: <i>(If under 18, ALSO include name of parent or guardian)</i>			
DOB:		Gender:	Phone Number(s): <i>*Providing your Cell Phone # allows us to text you reminders.</i>
Mailing Address:			
Social Security Number:		Email address:	
Race: (N/A if you prefer not to answer)			
Previous Health Care Provider:			
Native American: <input type="checkbox"/> yes <input type="checkbox"/> no <i>If you are an enrolled tribal member or a descendent of an enrolled tribal member, you will need to provide copies of your Tribal ID, OR Tribal ID of parent/grandparent and Birth Certificate(s) linking you to the enrolled Tribal member</i>			
Are you a Veteran? <input type="checkbox"/> yes <input type="checkbox"/> no			
Insurance(s): Please provide copy of card(s)		*Uninsured American Indians/Alaska Natives will be required to provide proof of income and apply for Oregon Health Plan prior to their first appointment. We will assist you with the application process.	
Medical Problems/Diagnosis:			
Medications:			

OFFICIAL USE ONLY:	
CITCHC Approved: <input type="checkbox"/> yes <input type="checkbox"/> no Date: _____	
Signature: _____	