



WELLNESS HEALTHCARE CLINICS

NEW INTAKE REGISTRATION

Date: _____

Name: _____

Address: _____

DOB: _____ Social Security #: _____

Gender: _____ Marital Status: _____

Ethnicity: _____ Employment Status: _____

Living Situation: _____ Primary Care Physician: _____

How Did You Learn About Wellness Healthcare Clinics?

Reason Services Requested:

4660 Martin Luther King Jr Ave SW,
Suite A1-A3, Washington, DC 20032
202-318-0179
After Hours 202-517-3334
Email: reception@whcclinics.com