

# WILKINSON WELLNESS CLINIC

## PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Single          Married          Divorced          Widowed          Separated

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

(Dr. Wilkinson periodically sends updates via email)

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Do you have Medical Insurance?          Yes          No

**(Please note that we are only contracted with Premera Blue Cross and Regence Blue Shield. We do NOT accept Medicare of any kind.)**

Name of Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Names of those insured: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who may we thank for referring you to our office? \_\_\_\_\_

**Please check in with the receptionist when arriving at our office by presenting this packet and your insurance information. It will be your responsibility to notify the receptionist of any changes in your insurance or personal information before seeing the doctor. Thank you.**