Seattle Medical and Wellness Clinic Eileen Gibbons, MD
1325 Fourth Avenue, Suite 1240, Seattle, WA 98101 (206) 625-0202 fax (206) 625-1910

Patient name ______________________________ D.O.B.

PATIENT INFORMATION SHEET

Please print

Date________________________

Name____

Address____

City___________________ State________ Zip____________County_______________

Is it okay to send mail to this address? (e.g. test results, etc.) ☐ Yes ☐ No

Phone (Home)______________________
May we call you? ☐ Yes ☐ No
Is it okay to leave a message? ☐ Yes ☐ No

Cell/ pager # ______________________
May we call you? ☐ Yes ☐ No
Is it okay to leave a message? ☐ Yes ☐ No

Social Security Number____________________ Date of Birth_______________________

Occupation_________________________ Employer_______________________________

Address____

Phone (Work)______________________ Is it okay to call you at work? ☐ Yes ☐ No

Emergency Contact____

Address____

Phone _______________________ Relationship To You_______________________

Would you like a copy of today's records sent to your regular doctor? ☐ Yes ☐ No

Name of your health care provider: ____

Address of your health care provider: ____

I consent to the release of my medical records to my physician______________________________
Signature

How did you hear about our clinic?____
(Please be specific: i.e. Seattle Qwest, website, Dr. Smith, etc.)