

LONGEVITY



MEDICAL CLINIC

Feel Younger · Live Better

## PATIENT CONTACT INFORMATION

We require all new patients to present photo ID. If photo ID does not contain current address, a form of mail correspondence with name & current address is accepted.

Name (First, MI, Last): Kathy T. Wilson

**Billing Address:**

Street: 1462 Rainier Dr. #1

City: Fircrest State: WA Zip Code: 98466

**Shipping Address** (if different from billing address):

Street: \_\_\_\_\_

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

**Phone Numbers:** Please check your contact preference.

Home: \_\_\_\_\_ Preferred ☐

☐ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Cellular: 253.566.2586 Preferred ☒

☒ Authorized to send appointment reminder text messages (no PHI will be sent via text)

☒ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Work: \_\_\_\_\_ Preferred ☐

☐ Authorized to leave detailed information in voicemail

☐ Leave call back number only in a voicemail

☐ Do not leave message

Fax: \_\_\_\_\_

☐ Authorized to leave detailed information

Email: 244w@comcast.net

Date of Birth: 03/17/1956

Gender:

☐ Male

☒ Female

**Emergency Contact:**

Name: Tou Wilson

Address: 5609 N. 49th St.

City: Ruston State: WA Zip Code: 98407

Phone: 253.380.9722 Relationship: Son

Are you on Medicare Part B?

☐ Yes

☒ No

Signature: Kathy Wilson

Date: 9/21/2020

WA  
USA **WASHINGTON** DRIVER LICENSE  
FEDERAL LIMITS APPLY

20 RD31320501108

4d LIC# **WDLB99Z1003B** 9 CLASS  
1 **WILSON**  
2 **KATHRYN TREMAINE**

3 DOB **03/17/1956** 4a ISS **03/13/2020**  
8 **1462 RAINIER DR APT 1**  
**FIRCREST WA 98466-6444**

15 SEX **F** 18 EYES **BLU**  
16 HGT **5'-05"** 17 WGT **105 lb**  
12 RESTRICTIONS **NONE** 9a END **NONE**  
4b EXP **03/17/2026**

*Kathy Wilson* 5 DD **WDLB99Z1003BR031320501108** REV. 11/12/2019