

Book An Appointment Initial Form

If you would like to schedule an appointment, please fill out the form below. Please fill out as much as you are comfortable with, but those items with a red star are required for us to be able to schedule your appointment or contact you.

**Please Note: If psychiatric medication or neuropsychological evaluation services are requested, please scan and email (frontdesk@WilsonClinical.com) or fax all relevant healthcare records to 253-200-0143.*

****Please also have your primary care provider (PCP) contact us with a referral by email or fax. This makes it easier for us to schedule your appointment. Thank you!**

Patient Name

Patient Status

- Deaf Hard of Hearing CODA DeafBlind Low Vision / Blind Hearing Other

Text

Parent / Guardian Name if Patient is Under 18

Address

Email

Home Phone or Videophone (VP)

May we leave a phone or VP message?

- Yes No

Cell Phone or Text Number

May we leave a message or text?

- Yes No

Special questions, comments, and / or reason for appointment

Preferred Provider

- Dr. Jaime A.B. Wilson Dr. Brandon Henscheid Steven M. Brown Marcus John Kim McClurkan

I would like to make an appointment for

- An Adult (Yourself or Other) A Child (You are the child's guardian)

Patient Gender

- Male Female Non-Binary

Patient Age

Patient Date of Birth

Other

Text

Social Security Number (SSN)

Preferred Appointment Day

- Monday Tuesday Wednesday Thursday Friday Other

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Text

Preferred Appointment Time

- First Available Morning Afternoon Evening

Insurance Company

Insurance Company Customer Service Phone Number

Insurance Policy ID Number

Insurance Policy Holder's Name

Insurance Policy Holder's Birthdate

Insurance Policy Holder's Place of Employment

Please provide the insurance policy holder's street address if different from above and any other insurance information

Insurance Card Photo Upload (this is required in addition to the inputted insurance information above)

Primary Care Provider (PCP)

Approximate Last Date of Service with PCP

Reason for Visit with PCP

Preferred Pharmacy

Emergency Contact

How would you prefer to hear from us?

- Email Phone No response is required