



Tualatin Clinic

19365 SW 65th Ave, Suite 100, Tualatin, OR 97062
 F:503-563-5392 - Monday-Friday 8am-5pm

Tigard Clinic

9370 SW Greenburg Rd, Franklin Bldg Suite 101,
 Tigard, OR 97223
 F:503-477-6853 - Monday-Thursday 8am-5pm

Hillsboro Clinic

1200 NE 48th Ave, Suite 1000, Hillsboro, OR
 97124 F:503-596-2182 - Monday-Friday 8am-5pm

Service, Gratitude, & Integrity

Patient Registration/Information

Name:	Date of Birth:
Phone Number:	Address:
Sex Assigned At Birth: Current Gender Identity:	City/State/Zip:
Email Address:	<input type="checkbox"/> <i>I would like email reminders for future appointments</i>
Company Name:	Company Contact:
Type of Service: <input type="checkbox"/> Drug Test (<i>Circle reason for test</i>) <i>Pre-Employment / Random / Post Incident</i> <input type="checkbox"/> DOT Physical <input type="checkbox"/> Physical Exam	<input type="checkbox"/> Vaccination(s) <input type="checkbox"/> TB/PPD (Tuberculosis) Test <input type="checkbox"/> Blood Draw <input type="checkbox"/> Other: _____

IF YOU ARE HERE FOR A DRUG SCREEN, YOU MUST STAY IN THE CLINIC AT ALL TIMES UNTIL DRUG SCREEN IS COMPLETED

Please initial that you have read, understood and agreed to this request X _____

IF YOU ARE RECEIVING A VACCINE THAT YOU HAVE NEVER HAD BEFORE YOU WILL BE ASKED TO STAY IN THE CLINIC FOR 10 MINUTES AFTER RECEIVING THE VACCINE

Please initial that you have read, understood and agreed to this request X _____