RENTON CLINIC
3600 Lind Ave SW Ste 170
Renton, WA 98057
P 425-690-3555
F 425-690-9555

UW Medicine
VALLEY
MEDICAL CENTER
Occupational Health Services

PATIENT REGISTRATION

Please Print Clearly

Last Name _____ **First Name**_____ **Middle Name**_____

Social Security # _____-____-_____ **Date of Birth** ____/_____/____ **Sex** ☐ **M** ☐ **F**

Address _____

City _____ **State** _____ **Zip** _____

Marital Status _____ **Race/Ethnicity** _____ **Language** _____

Phone Number: (_____)_____ **Email Address** _____

Referring Company _____ **Location** _____

Occupation _____

Arrival Time: _____

Appointment Time: _____

Walk In: _____

Paperwork Complete: _____