



Oregon
OCCUPATIONAL MEDICINE

Service, Gratitude, & Integrity

Clackamas Clinic
9290 SE Sunnybrook Blvd Ste 220, Clackamas, OR 97015

F:503-343-8545 - Monday-Friday 8am-5pm

Hillsboro Clinic

1200 NE 48th Ave, Suite 1000, Hillsboro, OR 97124

F:503-596-2182 - Monday-Friday 7am-6pm

Tualatin Clinic

19365 SW 65th Ave, Suite 100, Tualatin, OR 97062

F:503-563-5392 - Monday-Friday 8am-5pm

To schedule: appointments@oregonocmed.com

Patient Registration/Information

| | |
|---|--|
| Name: | Address: |
| Phone Number: | City/State/Zip: |
| Date of Birth: | Sex Assigned At Birth: Current Gender Identity: |
| 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 _____