

# Central Washington Eye Clinic

3902 Creekside Loop Suite 110  
 Yakima, WA 98902  
 Phone (509) 452-6611  
 Fax (509) 248-0621

Patient Registration				
<b>Patient Last Name</b>		<b>First Name</b>		
<b>Nickname</b>		<b>Maiden Name</b>		
<b>Mother's Maiden Name</b>		<b>Age</b>	<b>Date of Birth</b>	
<b>Mailing address</b>		<b>Social Security</b>		
<b>City / State / Zip</b>		<b>Home #</b>		
<b>Birth State</b>		<b>Cell #</b>		
<b>Marital Status</b>		<b>Preference</b>	<input type="checkbox"/> Home <input type="checkbox"/> Cell	
<b>Primary Language</b>		<b>Employer</b>		
<b>Special Needs</b>		<b>Occupation</b>		
<b>Race</b>		<b>Ethnicity</b>		
Account Responsible				
<b>Responsible Last Name</b>		<b>First Name</b>		
<b>Relationship</b>	<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	<b>Date of Birth</b>		
<b>Mailing Address</b>		<b>Social Security</b>		
<b>City / State / Zip</b>		<b>Phone #</b>		
Emergency Contact				
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home #</b>	<b>Cell #</b>

Would you like access to our online portal to view your personal health information?

No  Yes, please provide your email address:

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