



*For Generations Mercy Medical Center
Redding has been strongly committed to
providing the best care.*



Mercy Medical Center Redding • 2175 Rosaline Ave. • Redding, CA 96001

Wellness Class Registration Form

First Name, Last Name

DOB _____

Address

Zip Code _____

Phone Number

Email Address

Class

Mall Walking Program ongoing program

Smoking Cessation date/month _____ Please complete one form for each person attending.

Total Joint Replacement date/month _____ How many people will be attending with you? _____

Community Lecture date/month _____ Please include the names of each person attending.

Comments and /or questions:

Please **Email** form with class information to ktrumbul@chw.edu ,
mail to Mercy Healthine @ PO Box 496009 Redding, CA 96049
or **fax** to 242-5217