

Patient

Last name: _____ First name: _____ M.I.: _____
 Social Security #: _____ Date of birth (MM/DD/YYYY): _____ ☐ Male
 Driver's License number: _____ Issued in what state: _____ License classification: _____ ☐ Female
 Address: _____ City: _____ ST: _____ ZIP: _____
 Contact phone (home or cell): _____ Work phone: _____ ☐ Single
 e-Mail address: _____ ☐ Married
 Occupation: _____ Hire date: _____

Employer

Name: _____ Location/store number: _____
 Address: _____ City: _____ ST: _____ ZIP: _____
 Supervisor name: _____ Supervisor phone: _____
 Is your employment arranged through a temporary hire agency? ☐ Yes ☐ No Name of agency: _____ Agency phone: _____

The Reason for Today's Visit

Help us know more about what you need today.

What is the main reason for today's visit:

☐ I was injured on the job

☐ I am here for one of the following non-injury services:

☐ Physical exam ☐ Drug Screen ☐ Physical and Drug Screen

☐ DOT (CDL) certification

☐ Other: _____

If you are here for a work-related injury, please tell us about it.

Injury date: _____ Injury time: _____

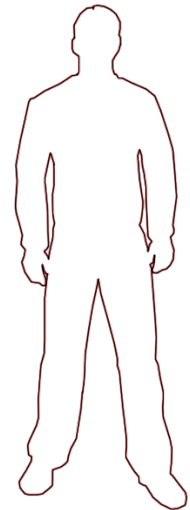
Where were you when the injury occurred?: _____

How did the injury happen? _____

What part of your body is injured? _____

Please check which side of your body is injured. ☐ Right ☐ Left ☐ Both

Using the figure at right, please circle the areas where you are injured. ➡



The information provided is correct to the best of my knowledge. I will not hold Concentra, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on this form. You may contact my employer to verify the purpose of my visit, if necessary.

Signature: _____ Date: _____

Notice of Privacy Practices

Your name and signature below indicate that you have received a copy of Concentra's Notice of Privacy Practices on the date and time indicated. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, you may contact Dona-Marie Geoffrion, Vice President and Privacy Officer for Concentra, at 972-725-6676.

Name (please print): _____

Signature: _____

Date and time Notice received: _____