



Employer Services and Patient Information

Reason for visit Pre- Employment Physical Drug Screen Alcohol Screen Injury
 DOT (CDL) Certification Other _____

PATIENT

First Name: _____ Last Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: (MM/DD/YY) _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Female Male Single Married Occupation: _____

Patient Email Address: _____

EMPLOYER REQUESTING SERVICES

Company Name: _____ Location/Store#: _____

Contact Name: _____ Contact Phone: _____

The information provided above is correct to the best of my knowledge. I will not hold OHP, its health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

Please sign and date below

Sign _____ Date _____

Consent for Medical Treatment

I give permission to Occupational Health Partners to perform the following services that the health care provider and assistants may deem to be necessary: (1) medical, minor surgical and diagnostic (i.e.: including but not limited to x-rays, blood draws, laboratory tests) process, treatments and procedures; (2) administration of injections, medications and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statement ("VIS" or "VISs")); and (3) completion of medically appropriate tests for communicable and other diseases. **Please sign and date below**

Sign _____ Date _____

Notice of Privacy Practices

Your name and signature below indicate that you have been made aware of OHP's Health Insurance Portability & Accountability Act (HIPAA) on the date indicated. You understand that HIPAA is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with OHP, please indicate this to the front desk receptionist and s/he will provide you a copy of the HIPPA statement. **Please print, sign and date below**

Name: please print) _____ Date Notice Received: _____

Sign: _____