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| **2401 Hickswood Rd, Suite 106****High Point, NC 27265****Tele:(336) 885-9675 Fax: (336) 885-9682****MON-FRI 8AM – 5PM** |

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***OCCUPATIONAL HEALTH SERVICE REQUEST***

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee/Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRUG SCREEN**

**D.O.T. / NIDA** **Standard**

Pre-Employment \_\_\_\_

Random\_\_\_\_

Post-Accident\_\_\_\_

Pre-Employment\_\_\_\_

Random\_\_\_\_

Post-Accident\_\_\_\_\_

Reasonable Suspicion\_\_\_\_

Rapid Pre-employment\_\_\_\_

Other\_\_\_\_

**PHYSICAL**

**D.O.T**.

Pre-Employment\_\_\_\_

Recertification\_\_\_\_

DOT follow-up \_\_\_\_\_

**Standard**

MD\_\_\_\_

Return to Duty\_\_\_\_

Other \_\_\_\_\_\_\_

**ADDITIONAL TESTING**

Audiogram\_\_\_\_

PFT\_\_\_\_

Breath Alcohol\_\_\_\_

TB\_\_\_\_ CRT\_\_\_\_\_\_\_

Hepatitis B\_\_\_\_

EKG\_\_\_\_

Chest X-ray\_\_\_\_

Other \_\_\_\_\_\_\_\_\_

**WORK RELATED INJURY CARE**

Injury evaluation needed provider: \_\_\_\_\_ Yes \_\_\_\_\_ No **Claim# (must have) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Initial visit will be cash basis, billed to company until Claim# has been provided. Claim# must be provided within 72 hours then forwarded to workers comp carrier.**

Date of Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS FORM EXPIRES ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*PLEASE ADVISE EMPLOYEE TO PROVIDE PICTURE I.D.**