



(Patient Must Present Photo ID at Time of Service)

# Authorization for Examination or Treatment

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: Summerfield Waldorf School & Farm Date of Birth: \_\_\_\_\_

Street Address: 655 Willowside Rd Santa Rosa, CA 95401 Location Number: \_\_\_\_\_

Temporary Staffing Agency: \_\_\_\_\_

### Work Related

Injury  Illness

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

### Substance Abuse Testing\* (check all that apply)

Regulated drug screen  Breath Alcohol

Collection only  Hair collect

Non-regulated drug screen  Rapid drug screen

Other \_\_\_\_\_

### Type of Substance Abuse Testing

Preplacement  Reasonable cause

Post-accident  Random

Follow-up

Special instructions/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized by: Andrea Trinei

Please print

Phone: (707) 575-7194x104

### Physical Examination

Preplacement  Baseline  Annual  Exit

### DOT Physical Examination

Preplacement  Recertification

### Special Examination

Asbestos  Respirator  Audiogram

Human Performance Evaluation\*

HAZMAT  Medical Surveillance

Other \_\_\_\_\_

### Billing (check if applicable)

Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: Office Manager

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at [www.concentra.com](http://www.concentra.com))

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: Summerfield Waldorf School and Farm Location/store number: \_\_\_\_\_  
 Address: 655 Willowside Road City: Santa Rosa ST: CA ZIP: 95401  
 Supervisor name: Andrea Trinei Supervisor phone: (707)575-7194x104  
 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: \_\_\_\_\_

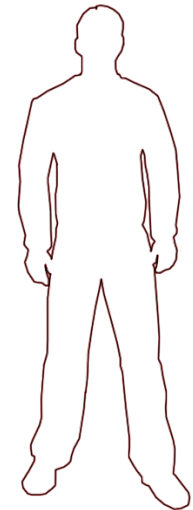
Where were you when the injury occurred?: \_\_\_\_\_

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: \_\_\_\_\_