Concentra™

*(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

**Physical Examination**

❑ Preplacement ❑ Baseline ❑ Annual ❑ Exit

**DOT Physical Examination**

❑ Preplacement ❑ Recertification

**Special Examination**

❑ Asbestos ❑ Respirator ❑ Audiogram

❑ Human Performance Evaluation★

❑ HAZMAT ❑ Medical Surveillance

☒ Other TB Test _____

**Billing** (check if applicable)

❑ Employee to pay charges

Special instructions/comments: _____

★ 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.

Authorized by: Michelle Bovard Title: HR Manager

Please print

Phone: ( 707 ) 575-7194 x126 _____

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)***

Concentra

*Improving America's health, one patient at a time.*

# Patient Information

## 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: Michelle Bovard Supervisor phone: (707)575-7194x126

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: _____

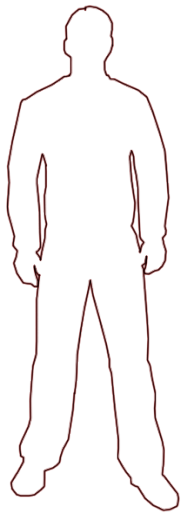
Where were you when the injury occurred?: _____

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: _____

*For office use only. Sign in date: _____/_____/_____ Sign in time: _____:_____ a.m. / p.m.*

Concentra Occupational Med Ctrs-CA
1221 N Dutton Ave Santa Rosa, CA 95401
Phone: (707) 543-8360 Fax: (707) 543-8361

Service Date:

# TB Skin Test Consent and Results

**Patient:**
**SSN:**
**Address:**

**Gender:**
**Date of Birth:**
**Work Phone:**
**Home Phone:**

**Employer:**

I, _____, have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that this test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear.

**Check all that apply:**

☐ I do not NOW have any of the following symptoms:

1) a cough that has lasted three or more weeks
2) bloody sputum
3) night sweats
4) weight loss
5) loss of appetite
6) fever

☐ I have not had a prior "positive" TB skin test.

☐ I have never been treated for tuberculosis.

☐ I have received the BCG Vaccine

☐ I have had a TB skin test before, and to the best of my recall, I did not experience any ulceration or open weeping sores at the injection site.

☐ I am pregnant. I have communicated with my treating physician and we both agree to this test being given to me today.

☐ I agree to return to have this test read within the required time of 48 to 72 hours. I understand that "self-reading" of the test is not acceptable according to CDC's guidelines. I will return to have my test read by:

I hereby request and authorize the above medical center to provide a TB skin test today, and I agree to return for the test reading by the date indicated. Failure to do so may be a barrier to my job placement. All answers to these questions are true and correct.

**Signature** _____ **Date** _____
employee/applicant

***This Section for Center Use Only***

Purified protein derivative (PPD):___ Tubersol or ___ Aplisol Lot # _____ Exp. Date_____

Administered by Mantoux technique into: ___ left forearm ___ right forearm

Administered by: _____ Date: _____ Time_____am/pm

RESULTS: _____ millimeters of induration
(Using a ruler, measure induration, not redness. Follow CDC's Summary of Interpretation... in TAble S--2, page 62 of Vol. 43/No.RR-13, October 28, 1994)

Comments: _____
_____

Read by: _____ Date: _____ Time_____am/pm

Concentra Occupational Med Ctrs-CA
1221 N Dutton Ave Santa Rosa, CA 95401
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## TB Skin Test Information and Procedure

### TB Skin Test

This test is used to determine if you have a TB infection. TB is short for a disease called Tuberculosis. In the past several years there has been an increase in the number of TB cases. TB is spread by bacteria in the air when someone with TB disease coughs or sneezes. Someone nearby can breathe the bacteria into their lungs.

TB bacteria can stay in your body without making you sick. In this case your body's defenses have kept the bacteria from harming you. This is known as a TB infection. If your body's defenses are not able to control the bacteria they can multiply leading to TB disease.

The test is read by the amount of induration which is a hard area at the test site. If you have had a positive test in the past this test should not be repeated. A positive test does not mean that you have TB disease, but does require further studies such as a Chest X-ray to make this determination. A positive test may require medical treatment. There are drugs which can be used to treat TB disease. Your local Health Department, or an Infectious Disease Specialist can determine the type of treatment.

### Testing Method

The test will be injected just barely into the skin of the forearm causing a small knot. It is not given below the skin as other injections. The test will have to be checked in 2 to 3 days for a reaction.

### Risk and Possible Side Effects

This can range from no reaction, to local redness, to some swelling at the site, and rarely actual ulceration. The test will not cause you to get TB.