



PATIENT INTAKE - WORKERS COMPENSATION

PATIENT INFO

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
 Male Female

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DRIVER LICENSE #: _____ STATE: _____ CLASSIFICATION: _____
 Single Married

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____
 (____) _____ - _____ (____) _____ - _____ Extension: _____

EMAIL: _____

OCCUPATION: _____ HIRE DATE: _____
 _____/_____/_____

EMPLOYER

BUSINESS NAME: _____ LOCATION / STORE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S PHONE: _____
 (____) _____ - _____

IS YOUR EMPLOYMENT ARRANGED THROUGH A NAME OF AGENCY: _____
 TEMPORARY HIRE AGENCY? Yes No _____
 (____) _____ - _____

The Reason for Today's Visit

WHAT IS THE 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 injury?

Please check which side of your body is injured:

RIGHT LEFT BOTH

CIRCLE AREAS WHERE YOU ARE INJURED →



The information provided is correct to the best of my knowledge. I will not hold Synergy Health Partners, its health providers, or its employees responsible for any errors or omission 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.

Notice of Privacy Practices

_____/_____/_____
 (SIGNATURE) (DATE)

Your name and signature below indicate that you have received a copy of Synergy Health Partners' Notice of Privacy Practices on the date and time indicated. If you have any questions regarding the information in Synergy Health Partners' Notice of Privacy Practices, you may contact our office at (303) 343-1357.

_____/_____/_____
 (SIGNATURE) (DATE RECEIVED)

PRINT NAME: _____