OCCUPATIONAL MEDICINE REGISTRATION FORM

1202 Medical Center Drive, Wilmington, NC 28401
910.341.1542

PATIENT INFORMATION

Patient Name ______________________________ DOB _____/_____/________

SS# ____________________ Address/Apt./Suite ______________________________

City ______________________________ State ____________ Zip Code ____________________

Primary Phone ______________________ Preferred Pharmacy/Location ____________________

E-mail Address ______________________________

DEMOGRAPHICS

RACE

❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander ❑ White

SEX

❍ Male ❍ Female

ETHNICITY

❑ Hispanic or Latino ❑ Non-Hispanic or Non-Latino

PREFERRED LANGUAGE

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EMPLOYER/ORGANIZATION INFORMATION

Employer/Organization Authorizing Visit ______________________________

Authorizing Contact Name ______________________________ Phone ______________________

Work Comp Insurance (if Applicable) ______________________________

Insurance Adjuster Phone ______________________ Case/Claim ID ______________________

REASON FOR VISIT

❑ Pre-Employment ❑ Random ❑ Post Accident ❑ Physical ❑ Audio ❑ Pulmonary Function Test
❑ Respirator Fit Test ❑ EKG ❑ Chest X-Ray ❑ Drug Screen ❑ DOT Drug Screen ❑ Breath Alcohol Test
❑ TB Test ❑ Labs COVID Testing ❑ Other ______________________________

____

INJURY AT WORK

Injury Description

____
____
____

Date/Time of Injury

_______/_______/_________

________________ ❍ AM ❍ PM

I hereby authorize Wilmington Health to perform appropriate testing, screening, or examinations on me, relating to my employment and/or program participation. Wilmington Health is authorized to use or disclose my health information gathered on this visit to the designated guarantor. I understand that this information may be disclosed to and used by the employer or other organization for employment or participation purposes including assessing my ability to perform essential functions.

Patient Signature ______________________________ Date ______________