



## PATIENT INTAKE INFORMATION

CLOCK IN ARRIVAL

CLOCK IN COMPLETION  
OF FORMS

NAME \_\_\_\_\_ SS# \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

### Below to be filled out by U.S. HealthWorks only

TYPE OF PHYSICAL EXAM \_\_\_\_\_ EMPLOYER NO. \_\_\_\_\_  
PROTOCOL NO. \_\_\_\_\_

VISION ACUITY: SNELLEN \_\_\_\_\_ RETURN FORMS WITH EMPLOYEE \_\_\_\_\_  
TITMUS \_\_\_\_\_ BY MAIL \_\_\_\_\_

AUDIOGRAM \_\_\_\_\_ REQUIRES WRITTEN SUMMARY \_\_\_\_\_

URINALYSIS: DIPSTICK \_\_\_\_\_ OTHER \_\_\_\_\_  
LABORATORY \_\_\_\_\_

BACK EVALUATION \_\_\_\_\_

EKG \_\_\_\_\_

X-RAYS \_\_\_\_\_ COMMENTS \_\_\_\_\_

PFT \_\_\_\_\_

DRUG SCREEN \_\_\_\_\_

LAB \_\_\_\_\_

CLOCK OUT/DISCHARGE

CLOCK IN FOR M.A.