Any Time Analysis

Information

Información del Paciente

Office Use Only:
1. Bill: _____
2. Bill: _____
3. Bill: _____
Sub-Total: _____
[Cash] [Check]
[Credit] [Bill]
INVOICE # _____

I. Personal Information

Name *Nombre*: _____ **Time** *Tiempo*: _____

Date of Birth *Fecha de Nacimiento*: __/__/__ **Sex** *Sexo*: ☐Male ☐Female

SS# *Numero de Seguro*: ___-___-_____ **Address** *Dirección*: _____

City *Ciudad*: _____ **State** *Estado*: _____ **Zip Code** *Código*: _____

Home Phone *Casa*: (___)___-____ **Cell Phone** *Cellular*: (___)___-____

How did you hear about us? _____

II. Emergency Contact Information

Name *Nombre*: _____

Phone *Telefono*: (___)___-____ **Relationship** *Relación*: _____

III. HIPAA Information

I have read or was informed of HIPAA Patient Rights Act. I have given my permission for the test(s) requested. I understand results of these tests will be released to the employer or insurance company that ordered this service.

Yo e leído o e sido informado del Acto de HIPPA Derechos Del Paciente. Yo e dado mi permiso para hacer los exámenes requeridos. Yo entiendo que los resultados de los examen van hacer dados al empleador o la compañía de a seguranza cual ordeno este servicio.

Signature *Firma*: _____ **Date** *Fecha*: __/__/__

Guardian Signature & Photo ID is also required for people under the age of 18years old.

Guardian/Parent Signature _____ **Date** *Fecha*: __/__/__

IV. Reason for Visit *(Check all that apply)*

☐ **Employment Exam,** Company Name: _____

Reason: ☐ Pre-Employment ☐ Post-Accident ☐ School _____
☐ Recertification ☐ Random ☐ Other _____

Safety Exam (Check & Circle all that apply):

☐ Drug Screen *Examen de Drogas* ☐ **DOT** ☐ **Non DOT**
☐ Alcohol Test *Examen de Alcohol* ☐ **DOT** ☐ **Non DOT**
☐ Hair Drug Screen *Examen de Cabello para Drogas*
☐ Nail Drug Screen *Examen de Uñas para Drogas*

Medical Exam (Check & Circle all that apply):

☐ Work Physical *Físico de Trabajo* **DOT** ☐ **Non DOT** ☐
☐ Vaccine *Vacuna*: _____
☐ Paternity Test *Examen de Paternidad* ☐ **Legal** ☐ **Non Legal**
- **DNA from Mother:** _____
- **DNA from Father:** _____
- **DNA from Other:** _____

☐ Blood Work *Análisis de sangre*: _____
☐ Other Exam *Otro Examen*: _____

☐ **Personal Exam (Type of Testing):** _____
☐ **Attorney/ Judge** (Name & Number): _____
☐ **Send Results to** (Optional): _____

☐ **CPS** (Caseworker Name & Number): _____

Office Use Only:
[ ] Mark here if alternative ID was copied on the back of this sheet.
[ ] Mark here if legal guardian or work supervisor ID was used.