"Your 'round the Clock Company Doc"

Dr. Gil's IMMEDIATE CARE & Occupational Health Center

3000 E. Division • Springfield, MO 65802

Patient Information Sheet

General:

Social Security #: _____-_____-_____ Today's Date: _____/_____/_____

Last Name: _____ First Name: _____ MI: ____ Suffix: _____

Address: _____

City: _____ State: ____ Zip: _____

Cell Phone #: (____) _____-_____ Home Phone #: (____) _____-_____

Driver's License #: _____ Issuing State: _____ CLP/CDL: ❑ Yes ❑ No

Date of Birth: _____/_____/_____ Age: ____ Gender: ❑ Male ❑ Female

Email (Optional): _____@_____

Employer Name (That you are here for today): _____

Reason For Today's Visit: ❑ Physical ❑ Drug Test ❑Alcohol Screening ❑ Other _____

How did you hear about us? ❑ Billboard ❑ Internet/Website ❑ Referral ❑ Company/Employer

**** ATTENTION ALL CDL HOLDERS ****

Are you entered into a random drug and alcohol screening pool? ❑ Yes ❑ No ❑ Unsure

Are you aware that if you aren't that you're in direct violation of federal regulations and could be fined thousands of dollars? ❑ Yes ❑ No

Would you like information on how to sign-up for Dr. Gil's random drug and alcohol pool to keep you in compliance with federal regulations? ❑ Yes ❑ No

Work-Related Injury Visits:

Date of Injury: _____/_____/_____ Time of Injury: _____:_____ ❑ AM ❑ PM

In your own words, briefly describe how the injury/accident occurred:

"_____

_____

_____"

Body Part(s) Injured: _____ ❑ Right ❑ Left

I do hereby certify, that the information that I provided is correct to the best of my knowledge. I will not hold Dr. Gil's Immediate Care, its healthcare professionals, or its employees responsible for any errors or omissions that I may have made in completing the information on all forms provided for my treatment and care at Dr. Gil's Immediate Care. I do hereby certify, by OSHA regulations, including DOT Physicals, drug screens, and worker's compensation injury claims. I consent to the contacting and future communication with my current or future employer.

Patient Signature: _____ Date: _____/_____/_____