

Treatment Authorization

Today's Date _____ Date of Birth _____ Social Security No. _____
 Patient Name _____ Home Phone No. _____
 Company Name _____ Company Phone No. _____
 Occupation _____

Work-Related Injury/Illness

Instructions to employer: Complete the below section if you are requesting an employee be treated for a work-related injury or illness.

Date of Injury _____ Treat as First Aid Yes No
 Nature of Injury/Illness _____
 Insurance Carrier _____ Phone No. _____
 Address _____ Policy No. _____ Effective Date: _____

Examinations, Screenings and/or Tests

Instructions to employer: Complete this section if you are requesting any of the below services.

REASON FOR TESTING

- Pre-Employment
- Random
- Post-Accident/Injury
- Follow-Up
- Return to Work
- Suspicion/Cause

TYPE OF EXAM

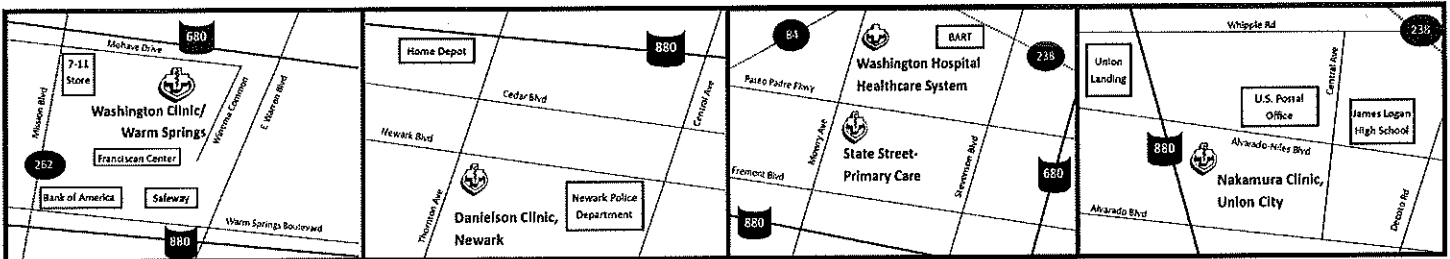
- Pre-Employment Physical
- Annual Physical
- Fitness for Duty/Return to Work
- DMV/DOT Physical
 - New Cert.
 - Re-Cert.
- Respiratory Mask Fit Test
- Pulmonary function test
- Includes OSHA Questionnaire and Clearance Form
- Other _____

SUBSTANCE ABUSE

- Alcohol**
- Breath Alcohol Test
 - Saliva Alcohol
- Drug Screen**
- NIDA (DOT)
 - Non-NIDA (Non-DOT) 5 Panel
 - Non-NIDA (Non-DOT) 10 Panel
 - Rapid (Non-DOT) 5 Panel

Authorized By (Printed Name) _____ Phone No. _____
 Signature _____ Date _____

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT



Refer to:

- Washington Clinic/Warm Springs**
 46690 Mohave Dr., Fremont
 (510) 248-1065 FAX 510-661-0380
 Hours of Operation:
 8 a.m. to 6 p.m. M-F
- Danielson Clinic, Newark**
 6236 Thornton Ave, Newark
 (510) 248-1860 FAX 510-797-0236
 Hours of Operation:
 8 a.m. to 6 p.m. M-F
- State Street-Primary Care**
 39210 State Street, Suite 209, Fremont
 (510) 248-1720 FAX 510-248-8281
 Hours of Operation:
 8 a.m. to 6p.m.
- Nakamura Clinic, Union City**
 33077 Alvarado-Niles Road, Union City
 (510) 248-1500 FAX 510-675-0846
 Hours of Operation:
 8 a.m. to 6 p.m. M-F

For Treatment After Clinic Hours, See Washington Hospital Emergency Room