



Patient Registration

DATE: _____ TIME of ARRIVAL: _____

- ✓ Please check with receptionist before using the restroom.
- ✓ Please have photo ID ready to show registration staff.
- ✓ If your employer or prospective employer has sent you with forms please share them with the registration staff.

NAME: _____ DATE of BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: (____) _____ Cell Home

EMAIL: _____ May we contact you via Email? Yes No

SOCIAL SECURITY #: ____ - ____ - _____

EMPLOYER: _____

EMPLOYER CONTACT: _____ PHONE: _____

Please indicate the reason(s) for your visit. Check all that apply:

- | | | |
|--|-----------------------------|---------------------------|
| _____ Drug Screen | _____ Breathe Alcohol Test | _____ Respirator Exam |
| _____ Pre-placement Physical | _____ Hearing/Audio Testing | _____ Return-to-Work Exam |
| _____ PPD/Tuberculosis Screening | _____ Blood Draw Only | _____ Fit Testing |
| _____ Fit-for-Duty Eval. | _____ WC Initial Injury | _____ WC Follow-up |
| _____ DOT Exam (Driver's Medical Card) | _____ Other Reason(s) _____ | |

GET MORE OUT OF YOUR DOT PHYSICAL EXAM BY SCHEDULING AN ANNUAL EXAM WITH US TODAY! 50% DISCOUNT TOWARDS YOUR DOT PHYSICAL FOR SELF PAY PATIENTS AT TIME OF ANNUAL EXAM! MOST INSURANCE ACCEPTED!

It is a common misconception that a DOT Physical is a replacement for an annual physical. DOT Physical is not the same as your annual physical. Your annual physical is a review of your general health and is designed to maintain or improve your well-being. You should have a complete physical whether or not you have had a DOT Physical recently. The DOT Physical is designed specifically to screen for conditions that might make you an unsafe operator of a commercial vehicle.