|  |
| --- |
| *(MUST PRESENT PHOTO ID AT TIME OF SERVICE)* |

|  |  |
| --- | --- |
| Patient Name: |  |

|  |  |
| --- | --- |
| Company Name: | Texas State University  |

|  |  |  |
| --- | --- | --- |
| Location: | [ ]  San Marcos | [ ]  Round Rock  |

|  |  |
| --- | --- |
| Street Address: |  |

|  |
| --- |
| **All sections below are to be completed by Concentra personnel:** |
| **Work-Related:**  | [ ]  Injury | [ ]  Illness | **DOT Physical**[ ]  Preplacement[ ]  Recertification[ ]  Exit[ ]  Audiogram[ ]  Regulated Drug Screen[ ]  Urine Collection Only[ ]  Breath Alcohol |
| Post-Accident Substance Abuse Testing: |
| [ ]  Drug Screen |
| [ ]  Breath Alcohol |
| [ ]  Drug Screen and Breath Alcohol |
| [ ]  Urine Collection Only |
|  |
| [ ]  DOT Regulated |
| [ ]  Non-regulated |
| **Pre-Placement Evaluation** | **Substance Abuse Testing** [ ]  Regulated[ ]  Non-regulated[ ]  Urine Collection Only[ ]  Rapid Test[ ]  Pre-placement[ ]  Reasonable Suspicion[ ]  Random[ ]  Periodic[ ]  Post-accident[ ]  Follow-up |
| Job Title: |  |
| [ ]  Physical Exam |
| [ ]  HPE |
| [ ]  Regulated Drug Screen |
|  |
| [ ]  Non-regulated Drug Screen |
| [ ]  Urine Collection Only |
| [ ]  Hair Collection |
| [ ]  Audiogram |
| **Special Physical Examinations**[ ]  Asbestos[ ]  Respirator[ ]  Hazmat[ ]  Baseline

|  |  |
| --- | --- |
| [ ]  Other |  |

 | **Billing**[ ]  Employee to pay charges at time of service[ ]  Workers’ Compensation

|  |  |
| --- | --- |
| [ ]  Insurance Co: |  |
| [ ]  Policy #: |  |
| [ ]  Phone #: |  |

 |
| Authorized By: |  | Title: |  |
| Phone: |  | Date:  |  |
|  |