



Accident, Injury, Illness, and Treatment Report

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

Injury Illness

Date of Injury: _____

Substance Abuse Test (check all that apply)

- Regulated drug screen Breath alcohol
- Collection only Hair collect
- Non-regulated drug screen Rapid drug screen
- Other: _____

Preplacement

Preplacement Baseline Annual Exit

DOT Preplacement

Preplacement Recertification

Special Services

Asbestos Respirator Audiogram

Types of Substance Abuse Test

- Preplacement Reasonable cause
- Post-accident Random
- Follow-up

Special instructions/comments: _____

_____ only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Authorized by: _____ Title: _____

Please print

Phone: _____

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)