Does the patient have an attorney: YES NO

Date: ______________________

NEW PATIENT (INDUSTRIAL) – INTAKE FORM

1. NAME OF CALLER: ____
   CALLER COMPANY NAME: ______________________________ CALLER PHONE#: _________________

2. PATIENT NAME: ____

3. EMPLOYER (AT TIME OF INJURY): ____

4. CLAIM#: ____

5. DATE OF INJURY/ ONSET: ______________________ ACCEPTED CLAIM: YES / NO

6. AUTHORIZED BODY PART(S): ____

7. *DOES THE PATIENT REQUIRE THE ASSISTANCE OF AN INTERPRETER: YES / NO
   (*IF YES, advise the insurance company that and interpreter must accompany the patient during every visit)

   INTERPRETING COMPANY NAME: ________________________________ PHONE# ______________________

8. INSURANCE CO. NAME: ____

   ADDRESS:
____

   PHONE#: _____________________________ FAX#: ___________________________

   ADJUSTOR/ CLAIM REP. NAME: ____

   *IS THERE A NURSE CASE MANAGER ASSIGNED TO THE CLAIM? YES / NO
   --IF YES—NAME: _____________________________________

   COMPANY NAME: _____________________________ PHONE#: _______________________

9. PRESENT TREATING PHYSICIAN NAME (IF ANY): ___________________________________
   PHONE#: ________________________________ FAX#: ___________________________

10. ARE THERE ANY MEDICAL RECORDS AVAILABLE TO REVIEW? YES / NO
   --IF YES: ONCE RECORDS ARE REVIEWED, WHICH OF THE FOLLOWING DO YOU REQUEST:

   ____ MAIL BACK (*requires self-addressed return envelope with pre-paid postage) ____ SHRED/ DESTROY

11. EVALUATION "TYPE" AUTHORIZED:

_____ CONSULTATION & TREATMENT (accepted claim) – we are PTP
____ CONSULTATION & TREATMENT (accepted claim) – we are not PTP
____ CONSULTATION ONLY (accepted claim)
____ SECOND OPINION ONLY (accepted claim)
____ AOE/COE (CLAIM NOT ACCEPTED YET/PENDING- address causation)
____ INDUSTRIAL QUALIFIED MEDICAL EVALUATIONS (QME)
____ STATE PANEL QME
____ AGREED MEDICAL EVALUATION (AME)
____ OTHER: _________________________________

12. APPOINTMENT DATE: _________________________ **TIME:** ___________________

13. PHONE CALL TAKEN BY: _________________________________

DO NOT FORGET TO ASK FOR A "COVER LETTER" AUTHORIZATION TO BE FAXED TO OUR OFFICE!!!