

Patient name: _____ Date of birth: ____ / ____ / ____ Date: _____ Time: a.m. / p.m. (Circle one.)

Employer: _____ Position: _____

Address: _____

Visit authorized by: _____ (Please print.)

Title: _____ Phone: _____

 Signature: _____ Verbal authorization received

 Does the employee work for a temporary placement agency: Yes No Name of agency: _____

Type of appointment

- Injury care**
 Date of injury: _____
 Injured body part: _____
 Last date worked: _____
 Include drug and alcohol test (Please complete section at right.)

- Exam** (Please check all that apply below.)
 - Pre-employment physical Type: _____
 - Lift
 - Respiratory review/Fit test
 - Hearing
 - Vision
 - Covid19 Test
 - Immunization review
 - Vaccination Type: _____
 - Titer test Type: _____
 - Other _____ (Please describe.)

- Drug and alcohol tests** (Photo identification required.)
 - Chain of custody supplied by employer
 - Chain of custody on file with ProHealth Care

Type:

- Department of Transportation
- Non-Department of Transportation
- Rapid drug
- Other _____
- Breath alcohol

Reason:

- Pre-employment
- Post injury
- Random drug screening
- Reasonable suspicion

Patients under 18 years old, are required to have a parent or guardian in attendance when seen in the clinic.
Clinic appointments and hours: All clinics are open 8 a.m. to 4:30 p.m. Monday through Friday. To make an appointment, call 262-928-5900.

Occupational health clinics
Brookfield
 195 Discovery Drive

Mukwonago
 240 Maple Ave.

New Berlin
 13900 W. National Ave.

Oconomowoc
 1185 Corporate Center Drive, Suite 150
 (Door 2)

Sussex
 N57 W24950 N. Corporate Circle
 (north of Hwy. K on Hwy. 164)

Watertown
 109 Air Park Drive

Waukesha
 ProHealth Waukesha Memorial Hospital
 Professional Office Building
 725 American Ave., Suite 310
