

REFERRAL AND AUTHORIZATION

A picture ID must be presented for Drug Screening

Please type or print in ink

EMPLOYEE NAME (LAST, FIRST, MI)		SOCIAL SECURITY NUMBER	DATE
APPOINTMENT DATE	APPOINTMENT TIME	EMPLOYEE JOB TITLE:	
SUPERVISOR / REFERRED BY:		PHONE NUMBER	FAX NUMBER
COMPANY INFORMATION:	NAME		
	ADDRESS		
	CITY, STATE ZIP		

As a representative of the company indicated above, I hereby authorize NorthWorks Occupational Health to examine and treat, if necessary, the individual bearing this form. The company agrees to accept financial responsibility for this service.

SIGNATURE	DATE
-----------	------

REASON FOR VISIT (Please check all that apply)

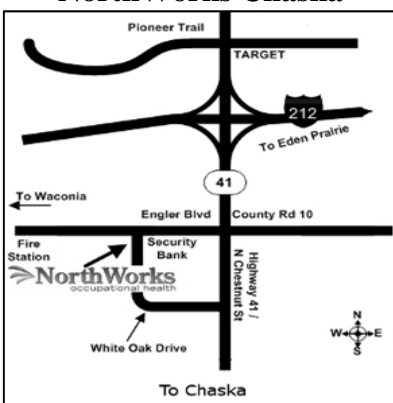
<input type="checkbox"/> PREPLACEMENT EXAM Type of drug screen needed: <input type="checkbox"/> NON DOT <input type="checkbox"/> DOT <input type="checkbox"/> NOT REQUIRED	DRUG TESTING ONLY: (Picture ID Required) Type of drug screen needed: <input type="checkbox"/> NON DOT <input type="checkbox"/> DOT Reason for drug screen: _____ (preplacement/post accident/random/return to duty/follow-up/reasonable suspicion) BREATH ALCOHOL: <input type="checkbox"/> NON DOT <input type="checkbox"/> DOT BLOOD ALCOHOL: <input type="checkbox"/> YES <input type="checkbox"/> NO ADDITIONAL/OTHER SERVICES: <input type="checkbox"/> Audiogram <input type="checkbox"/> Fitness For Duty Exam <input type="checkbox"/> Work Comp Injury <input type="checkbox"/> Vision Screening <input type="checkbox"/> TB/Mantoux <input type="checkbox"/> Chest X-Ray – Reason For _____ <input type="checkbox"/> Pre Work Screen <input type="checkbox"/> EKG <input type="checkbox"/> Stress EKG <input type="checkbox"/> Other: _____
<input type="checkbox"/> DOT PHYSICAL Type of drug screen needed: <input type="checkbox"/> NON DOT <input type="checkbox"/> DOT <input type="checkbox"/> NOT REQUIRED	
<input type="checkbox"/> DOT PHYSICAL w/PREPLACEMENT Type of drug screen needed: <input type="checkbox"/> NON DOT <input type="checkbox"/> DOT <input type="checkbox"/> NOT REQUIRED	
<input type="checkbox"/> RESPIRATOR CLEARANCE <input type="checkbox"/> Questionnaire Review Only <input type="checkbox"/> Fit Test <input type="checkbox"/> Spirometry <input type="checkbox"/> MD Review	
<input type="checkbox"/> SURVEILLANCE EXAM <input type="checkbox"/> Lab Work <input type="checkbox"/> Asbestos <input type="checkbox"/> Hazmat <input type="checkbox"/> ERT	
<input type="checkbox"/> VACCINATIONS/TITER - (circle one) Indicate what vaccination or titer is required: _____ _____ _____	

NorthWorks Airport



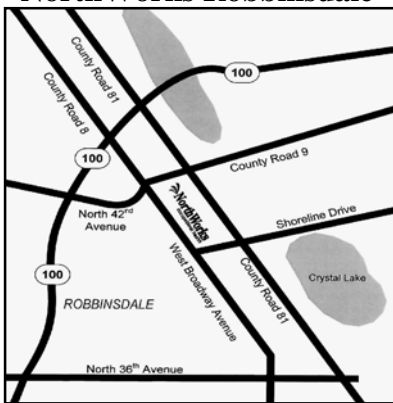
Clinic Location
 7550 - 34th Avenue
 Minneapolis, MN 55450
 Phone: 612- 727-1167
 Fax: 612-767-3525

NorthWorks Chaska



Clinic Location
 1580 White Oak Drive
 Chaska, MN 55318
 Phone: 952-544-8800
 Fax: 952-361-0003

NorthWorks Robbinsdale



Clinic Location
 4080 West Broadway, Suite 200
 Robbinsdale, MN 55422
 Phone: 763-398-8888
 Fax: 763-398-0670

CLINIC HOURS: 8:00 AM – 5:00 PM Monday – Friday

Walk-In Information: Walk-in patients for accidents are seen between scheduled appointments and on the basis of medical need. **Scheduled Appointments:** Anything involving physician time (preplacement exams, follow-up work injury exams, etc). Drug screening patients may walk-in and wait to be seen, but appointments are advised.