

PATIENT REGISTRATION FOR INJURY CARE

(Please print clearly and complete this form in full)

PERSONAL INFORMATION		COMPANY INFORMATION	
Name:		Company Name:	
Social Security #: - -		Supervisor Name:	
Address:		Supervisor Phone Number: ()	
City	State	Zip	Are you employed by a Temporary Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	If Yes, please give the name of the agency:	
Home Phone: ()			
Cell Phone: ()			

INJURY INFORMATION	
Date of Injury:	Time of Injury:
Current Position/Job Title:	
Where did the injury occur? <input type="checkbox"/> At Work <input type="checkbox"/> Not At Work <input type="checkbox"/> Not Sure	
Please describe all body parts that you injured: _____	
How did the injury occur? _____	

EMERGENCY CONTACT INFORMATION	
Person to contact in case of an emergency:	
Relationship to you:	Daytime Phone: ()

<p><u>Right to Informed Consent for Treatment:</u> I understand that I have the right to be informed of the nature and purpose of all services provided to me at Minnesota Occupational Health including the alternatives, risks, and consequences or complications of such services.</p>	<p><u>Release of Information:</u> I authorize Minnesota Occupational Health to disclose and furnish copies of any information relating to my care at Minnesota Occupational Health (including any information related to substance use and/or other sensitive issues) to anyone involved in payment of services, continuing care (i.e. referrals), employer and agencies who monitor/evaluate care.</p>	<p><u>Financial Responsibility:</u> I am aware that in the event my workers compensation claim is denied, that I am financially responsible for payment either personally or through my health insurance. Furthermore, it is my responsibility to resolve any disputes regarding the denial of my claim with my employer or workers compensation insurance carrier.</p>
Initial: _____ Date: _____	Initial: _____ Date: _____	Initial: _____ Date: _____
I have read and understand the three statements I have initialed above.		
Signature: _____		