

## PATIENT REGISTRATION DRUG SCREEN FORM

PLEASE FILL OUT THE ENTIRE FORM

DATE \_\_\_\_\_

Reason for visit today: \_\_\_\_\_

Is this visit related to a motor vehicle accident or Work Related Injury?  Yes  No DOI \_\_\_\_\_

### PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ M \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Legally Separated  Other

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile \_\_\_\_\_ Work \_\_\_\_\_

May we contact you at work?  Yes  No Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I have received a copy of the privacy policies.

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge.

### CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I hereby CONSENT to allow Affinity Immediate Care / AIC Urgent to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to the prospective or current employer. In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available.

Patient (or Responsible Party) Signature \_\_\_\_\_ Date \_\_\_\_\_