

**SJHS Occupational Health Services – Client Profile**

<b>Name:</b> _____ <b>Address:</b> _____ _____ <b>SSN:</b> _____ <b>DOB:</b> _____ <b>Age:</b> _____ <b>Phone:</b> _____ <b>Daytime</b> _____ <b>Evening</b> <b>Chief Complaint:</b> _____ _____ <b>Medical Hx:</b> _____ _____ <b>Surgical Hx:</b> _____ _____ <b>Medications:</b> _____ _____ <b>Allergies:</b> _____ <b>Family Physician:</b> _____	<b>Position:</b> _____ <b>Shift:</b> _____ <b>Years Emp.:</b> _____ <b>DOI:</b> _____  <b>Company:</b> _____ <b>Contact:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____  <b>Insurance Carrier:</b> _____ _____ <b>Claim #</b> _____ <b>Contact Person:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____  <b>Pharmacy:</b> _____ <b>Phone:</b> _____
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Provider/IM E Appt(s).	Diagnostic Testing	OT/PT	Physical Abilities/ RTW	Meds	F/U Other	CM
_____ _____ _____ _____						
_____ _____ _____ _____						
_____ _____ _____ _____						
_____ _____ _____ _____						

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