COMPREHENSIVE OCCUPATIONAL RESOURCES

Patient Registration - Consent Form

Please fill-out form completely. See the back page of this form for Notice of Privacy Practices.

Please Print

Patient Name: ____________________ Social Security Number: ____________________

Date of Birth: ____________________ Gender: Male: Female:

Home Address: ____________________ Emergency Contact: ____________________

City, State, ZIP: ____________________ Emergency Phone: ____________________

Email Address: ____________________ Relationship: ____________________

Home Phone: ____________________ Employer: ____________________

Primary Care Physician: ____________________ Work Phone: ____________________

Reason for Visit:

INFORMATION *(MUST be completed for Comprehensive Occupational Resources to perform services)*

I hereby voluntarily consent to evaluation, medical care, obtaining specimens, and to such treatment, as requested by my employer or prospective employer, as is necessary in the judgment of the Physician in attendance. I understand and agree that the results of this test will be disclosed to my Company's representative and/or Medical Review Officer and hereby release CORE LLC, and any employees and/or agents thereof from any and all claims or causes of actions resulting from the disclosure of these results. I understand that the examination and/or medical treatment I will receive is not intended to replace medical care by my personal physician.

Pursuant to LSA R.S. 23:1208.1, I understand that the failure to answer truthfully any questions related to my health history or current condition may result in a denial of any right I or my dependent(s) may have to Workers' Compensation benefits. Including medical treatment and expenses.

I have reviewed the Comprehensive Occupational Resources LLC. Notice of Privacy Practices and have read the terms and conditions on the back of this form.

SIGNED: ____________________ **DATE:** ____________________

COMPLETE THIS SECTION ONLY IF UNDER THE AGE OF 18

Parent/Guardian Name: ____________________ Parent/Guardian Employer: ____________________