

Brunswick Princeton Industrial Medical Center Client Information

	Date: _____
1. Company Information	Completed by: _____
Company Name: _____ No. Employees: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone: _____ Fax: _____ Pager: _____	
Type of Business: _____ Cell: _____	

2. Contact Information		
1. Name: _____		email: _____
Title: _____	Phone: _____	Fax: _____
2. Name: _____		email: _____
Title: _____	Phone: _____	Fax: _____

3. Billing Information

A) Injuries: Workers' Compensation Claims to: _____

Billing Address: _____
City: _____ State: _____ Zip: _____
Title: _____ Phone #: _____

B) Physicals/Drug Screens/Immunizations (non-injury) - (complete only if different)

Type: (DOT, Collection-Only, etc...) _____

Billing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Protocol: Yes No Phone #: _____

C) Other Services: (Wellness Programs, Health Fair, etc...) _____

Billing Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____
Protocol: Yes No Phone #: _____

Occupational Medicine Clinic Client Information

4. Injury Visit Information

Does the company have or require:

modified (transitional) duty? Yes No

multiple sites in New Jersey ? Yes No

If yes, please list:

drug screens on injuries? Yes No

Return to Work Forms: Use BPIMC Standard RTW form Use Client-specific RTW

5. Physical Exam Information

Physical Forms:

Use BPIMC Standard Physical form Use Client-specific Physical

Does your company perform DOT Medical Exams? Yes No

Mail completed physical to:

Attn:

Send paperwork w/employee (preferred)

Physical protocol: (i.e., audiogram, cbc, chest x-ray, etc...)

1 _____) _____

5 _____) _____

9)

2 _____) _____

6)

10)

3 _____) _____

7)

11)

4 _____) _____

8)

12)

6. Drug Screen

Forms and Kits:

BPIMC Standard Forms/Kits

Collection Only

Client Specific Forms/Kits

If Client Specific Forms/Kits are used:

Employee brings kit w/him or her (preferred)

Kits and Forms Supply are kept at BPIMC

If BPIMC Standard Forms/Kits are used:

Use client chain of custody

Who is your company MRO?

Please list who in your company can receive these results via phone, mail, or email:

1) _____ Phone #:

2) _____ Phone #:

