



26454 Woodward Ave.  
Royal Oak, MI 48067

5130 Coolidge Hwy.  
Royal Oak, MI 48073

Main Phone: 248-556-4241 | Fax: 248-850-7003  
www.bromg.com

### Patient Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_  Male

Driver's License number: \_\_\_\_\_ Issued in what state: \_\_\_\_\_ License classification: \_\_\_\_\_  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone (home or cell): \_\_\_\_\_ Work phone: \_\_\_\_\_  Single

e-Mail address: \_\_\_\_\_  Married

Occupation: \_\_\_\_\_ Hire date: \_\_\_\_\_

Name: \_\_\_\_\_ Location/store number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor phone: \_\_\_\_\_

Is your employment arranged through a temporary hire agency?

Yes  No Name of agency: \_\_\_\_\_ Agency phone: \_\_\_\_\_

### The Reason for Today's Visit

*Help us know more about what you need today.*

*If you are here for a work-related injury, please tell us about it.*

What is the main reason for today's visit:

- I was injured on the job
- I am here for one of the following non-injury services
  - Physical exam       Drug Screen       Physical and Drug Screen
  - DOT (CDL) certification  Other \_\_\_\_\_

Injury date: \_\_\_\_\_ Injury time: \_\_\_\_\_

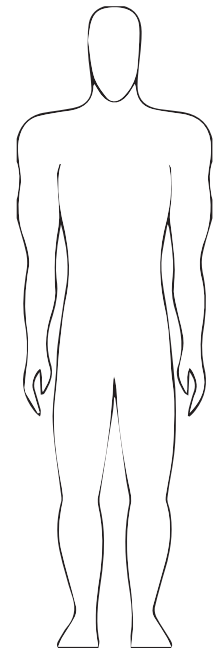
Where were you when the injury occurred? \_\_\_\_\_

How did the injury happen? \_\_\_\_\_

What part of your body is injured? \_\_\_\_\_

Please check which side of your body is injured.  Right  Left  Both

Using the figure at right, please circle the areas where you are injured. ☞



The information provided is correct to the best of my knowledge. I will not hold Birmingham Royal Oak Medical Group, it's health providers, or its employees responsible for any errors or omissions that I may have made in completing the information on this form. You may contact my employer to verify the purpose of my visit, if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notice of Privacy Practices

Your name and signature below indicate that you have received a copy of Birmingham Royal Oak Medical Group's Notice of Privacy Practices on the date and time indicated. If you have any questions regarding the information in Birmingham Royal Oak Medical Group's Notice of Privacy Practices, you may contact 248-556-4241.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date and time Notice received: \_\_\_\_\_

For office use only. Sign in date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sign in time: \_\_\_\_ : \_\_\_\_ a.m. / p.m.