Mercy Iowa City Occupational Health
269 N. 1st Ave. Ste. 102
Iowa City, IA 52245

Phone: 319-339-3921
Fax: 319-339-3858
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PATIENT INFORMATION

DATE:		MR#:
PATIENT:	SEX:	HOME PH:
ADDRESS:	DOB:	CELL PH:
CITY/ST/ZIP:	MARITAL STATUS:	SSN:
PHARMACY PREFERRED:		
PRIMARY DOCTOR:	EMAIL:	

EMPLOYER INFORMATION

EMPLOYER:	WORK PH:
ADDRESS:	OCCUPATION:
CITY/ST/ZIP:	STATUS:

EMERGENCY CONTACT

NAME:	SEX:	HOME PH:
ADDRESS:		CELL PH:
CITY/ST/ZIP:	DOB:	WORK PH:
EMPLOYER:	PATIENT'S RELATIONSHIP :	

ATTESTATION

📖 I certify that I have accurately completed this form to the best of my knowledge. INITIAL:

AUTHORIZATION TO RELEASE

📖 I hereby authorize the physician/MERCY OCCUPATIONAL HEALTH to release any information and/or records acquired during the course of my examination, testing, and treatment necessary to my employer and/or their designated representative for the purpose of employment and/or payment processing. INITIAL:

FINANCIAL POLICY

📖 I hereby authorize payment, for charges incurred for services rendered by MERCY OCCUPATIONAL HEALTH, directly to the physician and/or MERCY OCCUPATIONAL HEALTH. I realize any non-covered services will be my responsibility. INITIAL:

PATIENT SIGNATURE:	DATE: