



# Walk-In Clinic

ACADIAN HEALTH SERVICES, INC.

6011 Ambassador Caffery Parkway Youngsville, LA 70592

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## Occupational Medicine: Clinic Flow Sheet - Patient to Complete Shaded Area

Company:  Date:

Patient Name:  SSN:

Have you ever had a previous examination at this clinic?  Yes  No If yes, what date?

If yes, to which company were you applying for employment?

### Clinic Use Only:

Arrival Time:	Begin Time In	Complete Time Out	By Whom (Initial)
Paperwork Completed/Turned in at Desk:	_____	_____	_____
Ht. Wt. Vital Signs	_____	_____	_____
<b>DRUG SCREENS:</b>			
DOT	_____	_____	_____
Non-DOT	_____	_____	_____
<b>URINALYSES:</b>			
Dip Stick (Observed/recollection)	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
<b>Alcohol screens:</b>			
BAT	_____	_____	_____
Saliva Strip	_____	_____	_____
<b>X-Rays:</b>			
Chest (2)	_____	_____	_____
Lumbar (3), (5)	_____	_____	_____
<b>FOCUS:</b>	_____	_____	_____
<b>Audio:</b>			
OSHA	_____	_____	_____
<b>Pulmonary Function Test (PFT):</b>	_____	_____	_____
<b>Respiratory Fit Test (RFT):</b>	_____	_____	_____
<b>Lab (Specimen collected)</b>	_____	_____	_____
Specify: Blood, Sputum, Urine, Stool Swab	_____	_____	_____
Collected and sent to: _____			
<b>IN ROOM FOR P.E.:</b>			
ER Care	_____	_____	_____
<b>P.E. Completed:</b>	_____	_____	_____
<b>ER Care Completed:</b>	_____	_____	_____
<b>Paperwork reviewed:</b>	_____	_____	_____
Given to patient:	_____	_____	_____
Faxed to employer:	_____	_____	_____
Mailed to employer:	_____	_____	_____
Emailed to employer:	_____	_____	_____