



COUNTRY CLUB  
1905 Country Club Road  
Lake Charles, LA 70605  
Phone: (337) 990-8000 Fax: (337) 990-8010

**NEW CLIENT INFORMATION  
SERVICES REQUESTED**

Company Name: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position at Company: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Send reports via:  Fax  E-Mail  Mail  Other \_\_\_\_\_

**Billing Information:**

Billing Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

**Worker's Comp Information:**

Worker's Comp Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Services Requested:**

Physical Examination Type: \_\_\_\_\_

Breath Alcohol Test:  DOT  NON-DOT

Drug Screen:  DOT  NON-DOT  Quick Screen  Hair  Other \_\_\_\_\_

Additional Test:  Other \_\_\_\_\_

**Injury Treatment:**

Post-Accident Drug Screen:  DOT  NON-DOT  Quick Screen

Post-Accident Breath Alcohol Test:  DOT  NON-DOT

For Office Use Only!	
Clinic Location _____	Patient ID _____

**Please email this information to: [morefice@phcurgentcare.com](mailto:morefice@phcurgentcare.com); [daccardo@phcurgentcare.com](mailto:daccardo@phcurgentcare.com)**

[mfarris@phcurgentcare.com](mailto:mfarris@phcurgentcare.com)