Hyndman Family Health Center
144 5th Avenue
Hyndman, PA 15545
814.842.3206 (P)
814.842.3746 (F)

Bedford Family Health Center
104 Railroad Street
Bedford, PA 15522
814.263.5804 (P)
814.842.3746 (F)

Richland Family Health Center
214 College Park Plaza Suite 208
Johnstown, PA 15904
814.842.3206 (P)
814.842.3746 (F)

Occupational Health

PATIENT'S NAME (PLEASE INCLUDE NAME SUFFIX IF APPLICABLE)			
LAST	FIRST	MIDDLE	MAIDEN OR SUFFIX

ADDRESS

PO BOX/STREET	ZIP CODE	CITY	STATE

HOME PHONE NUMBER	CELL PHONE NUMBER	SOCIAL SECURITY NUMBER	SEX (CIRCLE ONE) MALE ☐ FEMALE ☐

MARITAL STATUS (CIRCLE ONE) ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED	BIRTHDATE	RACE (CIRCLE ONE) ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ AMERICAN INDIAN ☐ ALASKA NATIVE ☐ HISPANIC ☐ ASIAN ☐ PACIFIC ISLANDER ☐ UNREPORTED/REFUSED

ALLERGIES (PLEASE CIRCLE ONE): ☐ YES ☐ NO IF YES, PLEASE LIST:	ETHNICITY (CIRCLE ONE) ☐ HISPANIC ☐ LATINO ☐ OTHER ☐ UNREPORTED/REFUSED VETERAN (CIRCLE ONE) ☐ YES ☐ NO

EMERGENCY CONTACT INFORMATION			
CONTACT NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER
SECOND CONTACT NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER

PATIENT'S EMPLOYMENT INFORMATION			
OCCUPATION		EMPLOYER'S NAME	
EMPLOYER'S ADDRESS			
STREET	ZIP CODE	CITY	STATE
EMPLOYER'S PHONE NUMBER			

Annual Salary: ☐ $0 - $12,490 ☐ $12,490 - $24,980 ☐ Over $24,980

ASSIGNMENT AND RELEASE

I give permission for treatment and request that payment of authorized benefits is made on my behalf to the Hyndman Area Health Center, Inc. for any services rendered to me by their medical and/or dental providers. I authorize Hyndman Area Health Center, Inc. to release medical and/or dental information to my current employer and its agents to determine these benefits or the benefits payable for related services.
I understand that I am financially responsible for all charges whether or not to be paid by my employer.

PATIENT'S SIGNATURE PRINT NAME DATE OF SIGNATURE

SIGNATURE OF PARENT/Guardian (MINOR) PRINT NAME DATE OF SIGNATURE