



## Patient Information Sheet

Quadrant Health Strategies understands and respects concerns regarding providing personal information. Our office utilizes a professional document destruction company to assure that all information is destroyed properly to prevent unauthorized access to your information.

If you are here for a drug or alcohol test your social security number is a unique number that the LAB and/or Medical Review Officer uses to make sure that the results reported are specific to you. If you decline to provide your social security number or at least the last 4 digits of your social security number you must provide us with a unique number issued by your employer or their Third Party Administrator.

### *Please Print Information Clearly*

<b>Social Security Number:</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Street Address:</b>			
<b>ZIP Code:</b>	<b>City/Town:</b>		<b>State:</b>
<b>Home Phone Number:</b>		<b>Date of Birth:</b>	<b>Gender:</b> ( ) Male ( ) female
<b>Cell Phone Number:</b>		<b>Email:</b>	
<b>Name of Company that sent you for services:</b> Massachusetts State Police			
<b>City/Town:</b>			
<b>Department/Location:</b>			
<b>Job Title or Position you were sent here for:</b>			

*Self Pay services must be paid for at the time of service in the form of cash or credit card*

### **Drug or Alcohol Testing:**

Our policy is to follow the procedures outlined by the Department of Transportation for all drug and alcohol testing. Your employer is aware of our policy.

Acceptable Identification is required in order to proceed. We accept:

- ☐ Non Expired State Drivers License (non expired temp license is acceptable)
- ☐ State issued ID (non expired temp state issued ID is acceptable)
- ☐ Non Expired Adult US Passport-
- ☐ Non Expired Non Adult US Passport if it has a current picture, name printed that matches the name on the services requested and a signature
- ☐ Employer Representative may come in and provide confirmation of identity. Must have their license\*  
Signature of Employer Rep \_\_\_\_\_

### ***For office use only:***

<b>Collector/BAT signature:</b>	<b>Check off ID above &amp; note expiration date:</b>
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