



Occupational Health and Safety Services Referral Form

Please complete and bring this form to the clinic location where services are to be provided (see Kaiser-on-the-Job Centers list enclosed). To inquire about appointment availability or to change or cancel an appointment, please call the Occupational Health Clinic and ask for the OHSS service representative or a clinic staff member.

Clinic Location: _____ Date: _____

Phone: _____ Fax: _____

Company Name: **California Ironworkers Field Welfare Plan**

(Customer ID Numbers 9797 (Northern California) and 102671 (Southern California))

<p>No results will go to employer. Results to be entered into HealthConnect Only</p> <p>Complete "Biometric Screening Confirmation" and give to member.</p>	<p>Your tests results will be sent to your primary care physician. You may also get your results by going to My Health Manager at www.kp.org click on My medical record and click on Test results to view details and Past visit information for BMI and Blood Pressure results. If any of your test results are out-of-normal-range, you are encouraged to seek immediate medical care from your personal healthcare provider.</p>
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Member Name: _____ Kaiser MR# _____

Gender: Male Female

If Kaiser MR# not available, please provide the following:

Address: _____

Home Phone: _____ Work Phone: _____

SS#: (last 4 digits only) _____ Date of Birth: _____

Maiden Name (when applicable) _____

Have you chosen a Primary Care Physician? Yes No

Please Note If you do not have a Kaiser Permanente Primary Care Physician, please call Member Services or go on-line at www.kp.org to select a physician.

The toll free number to contact Member Services is 1-800-464-4000, or 1-800-777-1370 for the toll free TTY for the hearing or speech impaired.

Please have your Medical Record Number or you Social Security Number available when you call or go on line.

Services Requested

Wellness Check -- Wellness Check to include; BMI, BP and Basic Fasting Chem Panel (Lipids, Glucose only)

Preferred date and/or timeframe for appointment: _____

APPT IS SCHEDULED FOR: _____

Comments/Additional Requests: **Wellness screening by appointment only. Please see listing of KOJ locations for appointment scheduling.**

For clinic use only:			
1 st attempt for notification to employee:	Date:	Time:	Initials:
2nd attempt for notification to employee:	Date:	Time:	Initials:
3rd attempt for notification to employee:	Date:	Time:	Initials: