

Occupational Health Clinical Center  
Intake Form

Please fill out form with as much information as possible. This form will be submitted to our intake specialist in which you will receive a phone call to schedule your appointment.

Name:  Date of birth:  Age:

Address:

City:  State:  Zip:

Home phone #:  Mobile phone #:

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Have you ever been seen at the Occupational Health Clinical Center before?

If so, when were you last seen?

Are you requesting an appointment for the same issue?

How did you hear about our center?

What is your diagnosis or type of problem you are having?

Please explain:

Are you currently being treated for this issue?

How long have you had this issue?

What is the suspected cause of the issue or length of exposure?

What are your expectations or goals of being see by the OHCC?

Is this work related?  Any co-workers with similar problems?

Do you have a Workers' Compensation case established?

Job where problem stated (name/location)?

Please describe a brief description of duties:

How long have you been doing this type of work?

Are you currently working?  If no, what is your current status?

Are you part of a union?  Local name/number?

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If you have seen other doctors or specialist prior to your appointment, it is very helpful to have your medical records forwarded to us to review to best assist you with your issue.

How many release forms would you like us to send you?

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**The Occupational Health Clinical Center has 3 clinics throughout Upstate New York.  
Please choose which clinic is closest to you for your convenience.**

Occupational Health Clinical Center-CNY  
6712 Brooklawn Parkway Ste 204  
Syracuse, NY 13211  
Ph: 315-432-8899  
 Syracuse

Occupational Health Clinical Center-ADK  
39 West Main Street  
Canton, NY 13617  
Ph: 315-714-2049  
 Canton

Occupational Health Clinical Center-ST  
840 Upper Front Street  
Binghamton, NY 13905  
Ph: 607-584-9990  
 Binghamton

Please submit your intake and our intake specialist will be in contact with you to schedule an appointment.