**PATIENT INTAKE FORM**

*Specimen Collection*

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**1. Patient & Client Information**

Full Legal Name (as it appears on lab order): _____

Date of Birth (MM/DD/YYYY): _____

Gender Assigned at Birth: [ ] Male [ ] Female (Required for accurate laboratory reference ranges)

Phone Number: _____

Email Address (for appointment confirmation & receipt): _____

**2. Service Location & Access Details**

Exact Service Address: _____

Gate/Access Code (if applicable): _____

Parking Instructions / Restrictions: _____

Special Location Notes (e.g., "High-rise building, dial 04 on callbox", "No pets in the draw area"):

**3. Order & Lab Details (Operational Preparation)**

Ordering Physician Name: _____

Physician Phone Number/Fax: _____

Performing Laboratory: [ ] Labcorp [ ] Quest Diagnostics [ ] Specialty/Kit Layout (e.g., Genova, Dutch, etc.) [ ] Other: _____

Do you have the physical paper lab requisition/order form?

[ ] Yes, I have it ready.

[ ] No, my doctor is faxing/emailing it.

**Note: A valid physician's order is strictly required before any specimen collection can occur. Please upload or have the physical form available at your appointment.**

**4. Clinical Pre-Draw Screening**

Does your test require fasting? [ ] Yes [ ] No [ ] Unsure

Do you have a history of fainting, dizziness, or adverse reactions during blood draws?

[ ] Yes [ ] No

If yes, please describe so we can accommodate your comfort (e.g., drawing while reclined):

_____

Are you currently taking any blood thinners (e.g., Coumadin, Eliquis, Plavix, Aspirin)?

[ ] Yes [ ] No

Do you have a preferred arm or specific vein access preferences/restrictions (e.g., mastectomy side, shunt)?

List any known allergies (especially Latex or Adhesives):

**5. HIPAA Privacy Acknowledgement**

I acknowledge that I have been offered or received a copy of the Notice of Privacy Practices, which explains how my medical information may be used and disclosed. I understand that my PHI will only be used for treatment, payment, or healthcare operations unless I provide written authorization otherwise.

**6. Informed Consent & Authorization**
Consent to Procedure: I voluntarily consent to the collection of specimens (blood, urine, or other) as ordered by my physician. I understand the risks associated with venipuncture, including bruising or slight bleeding.

**Assignment of Benefits:** I authorize the release of any medical information necessary to process insurance claims.

**Communication Preference:** I authorize the use of the phone/email provided above for appointment reminders and results notification.

**Fee-for-Service & Policy Acknowledgement**
Service Model Notice: This is a private-pay, fee-for-service mobile collection. We do not bill health insurance companies for our mobile collection or travel fees. You will be charged a flat convenience fee of $[Insert Your Flat Fee] for the mobile dispatch and collection service.
Laboratory Processing Notice: Your insurance may still be used by the performing laboratory (Quest/Labcorp) to cover the actual testing of the blood, but our mobile service fee is separate and due at or before the time of service.

Cancellation/No-Show Policy: Cancellations made less than 24 hours before the scheduled window, or instances where the phlebotomist arrives and cannot gain access within 15 minutes, will result in forfeiture of service fee.

Patient/Authorized Representative Signature: _____
Date: _____