

NORTHWESTERN INTAKE FORM
EMPLOYEE HEALTH SERVICES

Date: _____

Time: _____

Employee Name: _____ Phone #: _____

Job Title: _____ Department Name/#: _____

Manager Name: _____ Phone #: _____

Location: _____

Brief Description of Problem: _____

Request for Service (check one)

___ Workstation Analysis - referral prompted by:

- ___ CHS
- ___ Individual/Manager
 - ___ physical complaints
 - ___ prevention

- ___ Contract Services
- ___ Information Services
- ___ Safety

___ Ergonomic Training

___ Assistance with Equipment Selection

___ Assistance with work area layout/design

Instructions: Send job description and details regarding concerns via e-mail to **Safety Management** or fax to **(926-9071)**. Include hours worked, overtime, rotations, and/or recommendations to resolve problem if available.

Signature: _____