

Virtual Work Injury Triage Employer Intake Form



Employer Information

- ✓ Name of Company:
- ✓ Locations:
- ✓ Primary Contact Name + Information:
- ✓ Total employees:

Virtual Work Injury Triage Profile

- Please provide address of location and to whose attention the monthly invoice should be sent to:
- Please provide name of occupational health clinic that will be used for follow-up appointments:
- If desired, please list both names and email addresses of contacts who will receive clinical documentation of triage visits via secure email:

Timeline

Desired/expected Spectrum Health Work Injury Triage start date:

Thank you for your interest in our virtual health services. Please email completed form to Taylor Ophoff at Taylor.Ophoff@spectrumhealth.org.