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DOT Client Information Form

Date: _____

Name: _____

Address: _____

Phone: _____

Age and DOB: _____ Social Security Number: _____

Email: _____

Emergency Contact: _____

May I leave you messages via voicemail? Y/N Via email? Y/N Via text? Y/N

Designated Employee Representative (DER) name, address, and phone number:

Type of Test: (check one)

Follow-Up Post-Accident Pre-employment: Random

Reasonable Suspicion Return-to-Duty

Date notified of positive test: _____ Alcohol Drug(s)

Regulated by: (circle one)

FAA: The Federal Aviation Administration **FMCSA:** Federal Motor Carrier Safety Administration

FRA: Federal railroad Administration **FTA:** Federal Transit Administration

PHMSA: Pipeline and Hazardous Materials Safety Administration **USCG:** United States Coast Guard

How did you find out about my practice? (i.e.: SAP list.com, internet search, employer)

Thank you!