New Mexico Occupational Health Registry Confidential Case Report
When completed, please fax this form to NMOHR at (505) 827-0013

Name of person completing form: Date completed:

Demographic information

Name of ill or injured person (last name, first name, middle name)			DOB (mm/dd/yyyy)	Gender: ☐ M ☐ F ☐ Unk.	
Address at time of visit (Street)			Race/ethnicity ☐ White ☐ Am. Indian or Alaskan Native ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Unknown		
City	County	State / Zip			
Home Phone	May we contact? Y ☐ N ☐	Social Security Number	Hispanic ethnicity Y ☐ N ☐	NM Tribal Code	
Age	Job status	Insured? Y ☐ N ☐	Payer		

Patient's visit and condition

Referred by	Date of visit	Date of diagnosis
Patient's complaint		
Diagnosis / ICD9	Exposure(s) related to diagnosis	
Comment		

Conditions – as per New Mexico Administrative Code 7.4.3.11

☐ Asbestosis	☐ Occupational burn hospitalization
☐ Coal worker's pneumoconiosis	☐ Occupational injury death
☐ Hypersensitivity pneumonitis	☐ Occupational pesticide poisoning
☐ Mesothelioma	☐ Occupational traumatic amputation
☐ Noise induced hearing loss	☐ Silicosis
☐ Occupational asthma	☐ Other illness or injury related to occupational exposure

Occupation information (please complete for employment at time of suspected exposure)

Job title			Industry type		
Name of company			Company address (Street)		
City	State	Zip	Phone	Exposure/incident date or start date	Exposure end date
Other employers/exposures (include dates)					

Reporting healthcare provider/healthcare facility/laboratory information

Name of physician	Physician specialty	Physician's phone	
Address (Street)	City	State	Zip
Name of facility/laboratory	Phone number	Contact person	
Address (Street)	City	State	Zip