

PHYSIOTHERAPY

Active Rehab

WSIB

PATIENT INFORMATION

Today's Date _____ Date of Birth (mm ___ dd ___ yyyy ____)
Name (Last) _____ (First) _____
Street Address _____
City _____ Postal Code _____
Phone # (home) _____ (cell #) _____ (work #) _____
Emergency Contact: (name) _____ (phone #) _____

FAMILY PHYSICIAN

Name _____ Phone # _____

EMPLOYER INFORMATION

Company Name _____ Occupation _____
Address _____ Phone # _____
Immediate Supervisor name: _____

WSIB INFORMATION

Claim # _____ Date of injury _____ SIN # _____
Health Card # _____ Adjuster name _____ (phone#) _____
Nurse Case Manager _____ Phone # _____ Fax# _____

EXTENDED HEALTH CARE INFORMATION

1ST Insurance company name _____
Policy # _____ Id # _____
Policy holder name _____ Date of Birth _____

2nd Insurance company name _____
Policy # _____ Id # _____
Policy holder name _____ Date of Birth _____

I am covered under only one insurance policy _____ *Signature* _____

I am covered under a secondary insurance policy _____ *Signature* _____

For Office Use Only

1st- **PHYSIO :** MASSAGE : ORTHOTICS : (Dispensed by Physio? _____) TENS:
Yr Max- _____ Yr Max- _____ INSERTS: _____ SHOES: _____ Yr Max- _____
Visit Max- _____ Visit Max- _____ Max per yr- _____ Max per yr- _____ %- _____
%- _____ %- _____ %- _____ %- _____ Doc Ref- _____
Doc Ref - _____ Doc Ref- _____ Doc Ref- _____ Doc Ref- _____ Estimate- _____
Validity - _____ Validity- _____ Validity- _____ Validity- _____ Validity- _____
DEDUCTIBLE: **DIR PAY:** **BEN YR:** **SUB EXP:** **MAILING ADDRESS:** **SPOKETO/TIME/DATE:**
Ind ___ Fam ___ Y ___ N ___ _____ _____ _____ _____ _____

2nd-**PHYSIO :** MASSAGE : ORTHOTICS : (Dispensed by Physio? _____) TENS:
Yr Max- _____ Yr Max- _____ INSERTS: _____ SHOES: _____ Yr Max- _____
Visit Max- _____ Visit Max- _____ Max per yr- _____ Max per yr- _____ %- _____
%- _____ %- _____ %- _____ %- _____ Doc Ref- _____
Doc Ref - _____ Doc Ref- _____ Doc Ref- _____ Doc Ref- _____ Estimate- _____
Validity - _____ Validity- _____ Validity- _____ Validity- _____ Validity- _____
DEDUCTIBLE: **DIR PAY:** **BEN YR:** **SUB EXP:** **MAILING ADDRESS:** **SPOKETO/TIME/DATE:**
_____ _____ _____ _____ _____ _____

