P H Y S I O T H E R A P Y

A c t i v e R e h a b

******WSIB******

PATIENT INFORMATION

Today's Date _____ Date of Birth (mm ___ dd ___ yyyy ____)
Name (Last) _____ (First) _____
Street Address _____
City _____ Postal Code _____
Phone # (home) _____(cell #)_____(work #) _____
Emergeny 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:
Ind____ Fam____ Y___N___ _____ _____ _____ _____