1. **PERSONAL INFORMATION**

Name:______________________________________ Date of Birth:____________(mm/dd/yy)
Address:____
City:________________________ Province:____________ Postal Code:_______________
Telephone: ________________(home) ________________(work) ________________(mobile)
Email address: ______________________________ Do we have consent to email you? Y / N
Your email address will be kept confidential and will only be used to send pertinent information relating to the clinic.

Emergency Contact Name:_________________ Relationship:_______________________
Telephone:_________________(home) ________________(work) ________________(mobile)

2. **REFERRAL INFORMATION**

Family Physician:_________________________ Did they refer you directly to the clinic? Y / N
Referring Physician:_______________________ Did they refer you directly to the clinic? Y / N
If you were self-referred, how were you made aware of the clinic? (Please circle)
*Friend __________ *Internet Search *Our Website *The Yellow Pages *Other __________

3. **WORK-RELATED INJURY**

WSIB Claim Number:_______________________ S.I.N.:_____________________________
Place of Employment:______________________ Date of Injury:_______________________
Supervisor name:_________________________ Job Title:___________________________
Workplace Address:_______________________ City:___________ Postal Code: _______
Telephone:_____________________________ Fax:_______________________________
WSIB Adjudicator Name:___________________ Telephone:__________________________
WSIB Nurse Case Manager:_________________ Telephone:__________________________

4. **MOTOR VEHICLE ACCIDENT**

Accident Date:_____________ Claim Number:______________ Policy Number:____________
Auto Insurance Company:______________________ Adjuster's Name:_________________
Auto Insurance Co. Address: ____________________ City:___________ Postal Code:______
Auto Insurance Co. Telephone:___________________ Fax:__________________

5. **EXTENDED HEALTH BENEFITS**

Extended Health Insurance Company:____
Policy Number:_______________ ID Number:__________________