

General information

Name: _____ Birth date: _____

Address: _____

City: _____ Postal code: _____

Home phone: _____ Cell phone: _____

Email address: _____ Gender: _____

Health care card number: _____

Family physician name/contact details: _____

Emergency contact name/phone: _____

How did you heard about us: Doctor/lawyer/walk-in/friend/website/Facebook/advertisement _____

ICBC Claims

Claim number: _____ Accident date: _____

Adjuster name: _____ Adjuster phone: _____

Legal representation/lawyer (name/phone) _____

WCB claim

Claim number: _____ Injury date: _____

Private insurance

Company/provider _____

Policy number _____ Member Id: _____

Medical history:

Please notify us of any cardiovascular/respiratory diseases/pregnancy/bleeding disorders, diabetes, Hypertension or anything else?

I certify all information is correct (Signatures) _____