

Bonavista Physical Therapy

739 Lake Bonavista Dr. SE, Calgary, Alberta

Tel: 403 278-0705 | www.bonavistaphysio.ca

WORKER'S COMP

BOARD INTAKE

Please print clearly.

Email Address: _____

Name: _____

(last)

(first)

(middle initial)

Birth Date: _____

(month)

(day)

(year)

Age: _____ Sex: Male Female

Alberta Health Card #: _____ - _____

Family Physician: _____

(first initial & surname)

Your Address: _____

City/Town: _____

Postal Code: _____ Province: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Incident Date: _____

WCB Claim #: _____

Employer Information:

Job Title/Occupation: _____

Company Name: _____

Address: _____

City/Town: _____

Postal Code: _____ Province: _____

Phone: (_____) _____ - _____

Medical Information:

Which practitioner or facility rendered first treatment: _____

Treatment Date: _____

Have you had previous physiotherapy in the past year? _____

If yes, where and when: _____

Were you referred to Bonavista Physical Therapy? _____

If yes, by whom: _____

If no, how did you hear about us? _____

Physiotherapists practice within a code of ethics, and a privacy policy is in place.

- In case of an emergency in this office, your therapist or another staff member will inform you of evacuation procedures.
- I understand that I am able to decline treatment at any time.
- I am aware that there is a grievance procedure and that I can appeal decisions regarding my care in case I am not satisfied with the service.
- I will allow Bonavista Physical Therapy Clinic to communicate with my physician, my radiologist, the Worker's Compensation Board and my employer regarding my condition.
- I understand that if Worker's Compensation Board does not accept responsibility for the claim, I will be responsible for the cost of treatment.
- I have provided a VISA or MC draft as insurance in the case my claim is not accepted.

Please sign in space provided in acknowledgement and understanding of the above.

Signed _____ Date _____