



PHYSIOTHERAPY ADVANCED REHAB

Orthopaedic and Sports Injury Clinic

1250 Eglinton Ave. West, Unit A15 Mississauga, ON L5V 1N3

Tel: 905-997-7200 Fax 905-997-5000

Name (Last) _____ (First) _____
 Date of Birth (mm _____ dd _____ yyyy _____) Age _____ F M
 Height _____ Weight _____ # of children _____
 Address _____
 City _____ Postal Code _____
 Phone # (home) _____ (cell#) _____ (work)# _____
 Email: _____ Would you like to be notified by email? Yes No
 Emergency Contact Name: _____ Phone# _____

Who has referred you to our clinic? _____
 (Physician, friend, family, yellow pages, internet/website, location, other)

Family Physician
 Name _____ Phone # _____

Employment Information
 Company Name _____ Occupation _____
 Immediate Supervisor name: _____ Phone # _____

EXTENDED HEALTH CARE INFORMATION

1ST Insurance Company Name _____
 Policy # _____ ID/Cert # _____
 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* _____

AUTO INSURANCE INFORMATION (if applicable)

Insurance Company Name _____
 Date of Accident _____ Policy # _____ Claim # _____
 Adjuster's Name _____ Phone# _____ Fax # _____

WSIB INFORMATION (if applicable)

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

Lawyer/Legal Representative (if applicable)

Name: _____ Phone # _____ Fax# _____