Westney Heights Chiropractic Centre
Dr. David Surette BPHE, BEd, DC / Dr. Karen Martindale-Sliz BSc, DC

WORKPLACE SAFETY & INSURANCE BOARD
PATIENT INFORMATION FORM

Full Name: First _____ Initial _____ Last _____

Home Address _____

City _____ Province _____ Postal Code _____

Date of Birth (d/m/y) _____ S.I.N. #_____

Home Phone # _____ Work Phone # _____

Date of Accident (d/m/y) _____ Claim # (if known) _____

Employer Name _____ Size of your company: <20 workers _____>20 workers _____

Contact Person _____ Contact Phone # _____

Employer Address _____

City _____ Province _____ Postal Code _____

Current job title/occupation _____ Length of time in current job (years and months) _____

Give a brief description of your job duties _____

_____

Employment status at time of injury:
☐ Full time ☐ Part time/Temp.
☐ Regular work ☐ Modified work
☐ Regular hours ☐ Modified hours

Has this accident been reported to your employer? No / Yes

Are you off work as a result of this injury? No / Yes If Yes, what was the date you last worked? _____

Who recommended you be off work? _____ When do you think you will return to work? _____

Does your employer have modified work duties you can do while recovering? No / Yes If Yes, what are they? _____

_____

Area of injury _____

What were you doing at the time you were injured? _____

Have you had a previous similar disability? No / Yes If yes, please describe _____

_____

Have you seen another doctor for this injury? No / Yes If Yes Who? Where? When? _____

_____

Were you referred for Chiropractic treatment? No / Yes If Yes by whom? _____

Please read carefully and sign below:
All WSIB clients are responsible for providing the above information. A WSIB claim will be activated and payment made directly to Westney Heights Chiropractic Centre. If, for any reason WSIB does not cover our treatment costs, this acknowledges your responsibility for payment.

Signature _____ **Date** _____