

**BONAVISTA PHYSICAL THERAPY  
739 LAKE BONAVISTA DR. SE  
CALGARY, AB T2J 0N2**

(WCB INTAKE)

**PLEASE PRINT**

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Birth Date M \_\_\_ D \_\_\_ Y \_\_\_  
(last) (first) (middle initial)

AHC# \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_ Family Physician \_\_\_\_\_  
(first initial & surname)

Home Address \_\_\_\_\_ Male \_\_\_ Female \_\_\_

City \_\_\_\_\_ Province \_\_\_ Postal Code \_\_\_\_\_ WCB Claim # \_\_\_\_\_

Primary # \_\_\_\_\_ work # \_\_\_\_\_ Date of Accident \_\_\_\_\_

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**EMPLOYER INFORMATION**

Job Title/Occupation \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_ Postal Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Which practitioner or facility rendered first 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? \_\_\_\_\_

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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 am responsible for any fees incurred due to missed appointments or cancellation under 12 hours notice.
- **If you were not sent here by WCB please supply your VISA or MC numbers as insurance in the case the claim is not accepted.**

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

Signed \_\_\_\_\_ Date \_\_\_\_\_