

Global Health Physio

266 Harold Dent Trl, Oakville, ON L6M 1S1

T:905-257-4842; F:647-254-5352; physio.globalhealth@gmail.com

Name (Last) _____ (First) _____

Date of Birth (mm ____ dd ____ yyyy _____) Age _____ F M

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 (Motor Vehicle Accident Patient ONLY)

Insurance Company Name _____

Date of Accident _____ Policy # _____ Claim # _____

Adjuster's Name _____ Phone# _____ Fax # _____

WSIB INFORMATION (Work Injuries Patient ONLY)

Claim # _____ Date of injury _____ SIN # _____

Health Card # _____ Adjuster name _____ Phone # _____

Nurse Case Manager _____ Phone # _____ Fax# _____

Lawyer/Legal Representative (if applicable)

Name: _____ Phone # _____ Fax# _____