

# Parkwood Chiropractic Centre

166 Manitoba Street,  
Bracebridge, Ontario, P1L 2E2

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## WSIB Claim Information

Patient's Last Name		First Name	
Full Address (No., Street, Apt.)			
City/Town		Province	Postal Code
Area Code	Phone No.	Social Insurance No.	Date Of Birth day month year
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Occupation/Job Description	
Employer's Name			
Full Address			
City/Town		Province	Postal Code
Area Code	Phone No.		Date Of Accident day month year
Supervisor's Name			

Did you report this injury to your employer?  Yes  No

If Yes, on what date? \_\_\_\_\_

Have you seen any other health care practitioner for this injury? \_\_\_\_\_

If yes, whom? \_\_\_\_\_ What dates? \_\_\_\_\_

Have you ever had a similar condition or injury?  Yes  No Please describe \_\_\_\_\_

Describe the accident : \_\_\_\_\_

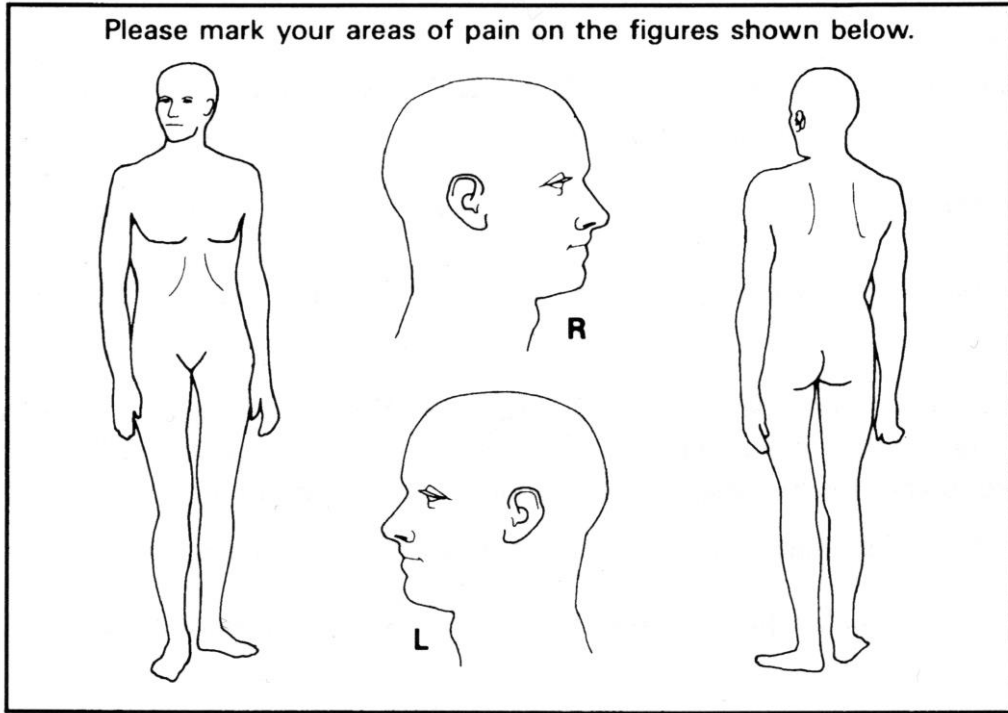
### **PLEASE NOTE**

If for any reason WSIB does not accept this claim, the regular office fees will be charged for your chiropractic/acupuncture care. You will be responsible for the payment of these fees. If you have chiropractic coverage under a major medical insurance plan you may be eligible to be reimbursed for some or all of your payments.

***I UNDERSTAND AND ACCEPT THE ABOVE CONDITIONS.***

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mark your areas of pain on the figures shown below.



**Pain Severity Scale:**

Rate your usual level of pain today by checking the following scale.

**0=No pain 10=Excruciating pain**

0	1	2	3	4	5	6	7	8	9	10
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