INTAKE FORM
Tel: 604-503-5343 Fax: 604-503-5373
info@neurofocusphysio.ca
www.neurofocusphysio.ca

EXTENDED HEALTH CARE

Name of Insurance Provider			
ID #		Policy #	
Primary Policy Holder Name			

W S I B (If Applicable)

WCB Claim #		Date of Injury	
Occupation		Are you currently working?	
Employer Name		Employer Phone	
Employer Address			
Case Manager Name		Case Manager Phone	

ICBC

Claim #		Date of Accident	
Adjuster Name		Adjuster Phone	
Claim Centre		Email	
Do you have a lawyer that represent your claim? Law Firm?			
Lawyer Name		Lawyer Phone	