BURLINGTON PHYSIOTHERAPY & HEALTH CLINIC
• 2004 CAROLINE STREET • BURLINGTON, ON • L7R 1K9 • TEL: (905) 333-1515

Motor Vehicle Accident Intake

First Name: _____ Last Name: _____
Date of Birth: _____ Date of Accident: _____

Have you received care elsewhere for this injury/injuries?

Yes _____ No _____

Extended Health Insurance (Usually through work or a spouse's work):

Insurance Company: _____
Policy Holder Name: _____

Policy: _____ Member ID: _____

Motor Vehicle Insurance:

Insurance Company: _____
Policy Holder Name: _____

Policy #: _____ Claim #: _____

Adjuster Name: _____
Adjuster Phone #: _____
Adjuster Fax #: _____