

Client Name: _____
(Last / First)

Male: **Female:** **Date of Birth:** ____ / ____ / ____
year month day

Health Card No.: _____ **Version (if any):** _____

Home Address: _____

Postal Code: _____ **Telephone:** () _____

Alternate Contact: _____ **Telephone:** () _____
(Name and Relation)

Insurance : **WSIB** **MVA** **Other**

Contact: _____

Claim #: _____

Telephone: () _____

Fax: _____

Date of Injury/Event: ____ / ____ / ____
year month day

Diagnosis: _____

Brief Description of Injury: _____

Service Requested:

Specify Program and Site: UC-ABI HC-MSK Other: _____

Select service(s) requested: PT OT SLP SW Psychology Nursing Other: _____
 Neuropsychology Interpreter required **Language:** _____

Referring Physician or Source:

Name/position: _____

Organization: _____

Address: _____

Phone: () _____

Fax: () _____

Billing #: _____

Family Physician:

Name: _____

Address: _____

Phone: () _____

Fax: () _____

Billing #: _____

Reports Included:

- MRI
- CT Scan
- X-ray
- OT Report
- PT Report
- Social Work Report
- Consult Note
- Speech Language Pathology Report
- Discharge Note
- Other: _____

This page completed by: _____ / _____ / _____
print name signature year month day

Client Name: _____

Professionals/Agencies currently involved:

Adjuster/Adjudicator: Company: _____ Contact: _____ Phone: () _____

Case Manager: Company: _____ Contact: _____ Phone: () _____

Lawyer: Firm: _____ Contact: _____ Phone: () _____

Other: Company: _____ Contact: _____ Phone: () _____

Current Medical Consultants and Therapists:

Contact Name	Discipline	Phone

PRESENTING SYMPTOMS

PHYSICAL ISSUES:	NON-ISSUE	ISSUE	Comments (IDENTIFY RISK ISSUES)
Paresis/paralysis:	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility:	<input type="checkbox"/>	<input type="checkbox"/>	
Balance:	<input type="checkbox"/>	<input type="checkbox"/>	
Pain:	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches:	<input type="checkbox"/>	<input type="checkbox"/>	
Fatigue:	<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness:	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep disturbances:	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management:	<input type="checkbox"/>	<input type="checkbox"/>	

PSYCHOSOCIAL/ BEHAVIOURAL ISSUES:	NON-ISSUE	ISSUE	Comments (IDENTIFY RISK ISSUES)
Impulse control:	<input type="checkbox"/>	<input type="checkbox"/>	
Mood disorder:	<input type="checkbox"/>	<input type="checkbox"/>	
Thought disorder:	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressiveness:	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually inappropriate:	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal risk:	<input type="checkbox"/>	<input type="checkbox"/>	

COGNITIVE STATUS:	NOT TESTED	INTACT	IMPAIRED	Comments (IDENTIFY RISK ISSUES)
Orientation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/initiation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Judgment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory (short term):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory (long term):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frustration tolerance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perception:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reasoning/problem solving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Executive Functioning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication/Language:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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The information contained herein is confidential and no unauthorized person will have access to the information without the consent of the patient/client or substitute decision-maker. Developed September 2008.

