



**81 Wilson Street West, Suite 200
Ancaster, ON L9G 1N1**
Tel: (289) 239-6969
Fax: (289) 239-6970

Case Profile

Case Type:

Case/File No.:

Patient Information

Last Name		First Name		Intl.
Street Address			Home Tel.	
City/Town	Province	Postal Code	Work Tel.	
Date of Birth (dd-mmm-yyyy)	Gender	<input type="checkbox"/> M <input type="checkbox"/> F		Mobile

Related Case(s)

--

Family Doctor Information

Name		Tel.	
Street Address	City/Town	Province	Postal Code

Legal Representative Information

Company Name		Contact Name	
Street Address			Tel.
City/Town	Province	Postal Code	Fax

Automobile Insurance Information

Policy No.		Claim No.		Date of Accident (dd-mmm-yyyy)
Name of Insurance Company				
Street Address				
City/Town		Province	Postal Code	
Adjuster Last Name		Adjuster First Name		
Adjuster Telephone No.		Adjuster Fax		
<input type="checkbox"/> Policy Holder Same as Patient	Last Name (Policy Holder)		First Name (Policy Holder)	

**Physiotherapy & Rehabilitation Services**

S. Rajah Physiotherapy Professional Corporation

**81 Wilson Street West, Suite 200
Ancaster, ON L9G 1N1****Tel: (289) 239-6969****Fax: (289) 239-6970****Primary EHC Information**

ID/Certificate No.		Policy/Group No.	
Name of Insurance Company			
Street Address			
City/Town		Province	Postal Code
<input type="checkbox"/> Policy Holder Same as Patient		Date of Birth (Policy Holder) dd-mmm-yyyy	
Last Name (Policy Holder)		First Name (Policy Holder)	

Secondary EHC Information

ID/Certificate No.		Policy/Group No.	
Name of Insurance Company			
Street Address			
City/Town		Province	Postal Code
<input type="checkbox"/> Policy Holder Same as Patient		Date of Birth (Policy Holder) dd-mmm-yyyy	
Last Name (Policy Holder)		First Name (Policy Holder)	

WSIB Information

Claim No.	
Adjudicator	Case manager
Telephone No.	Fax

Referring Provider Information

Provider No.	
Provider Name	
Telephone No.	Fax