PERSONAL INJURY WORKSHEET

A. PERSONAL		Date completed:	
1. IDENTIFICATION			
Full Legal Name:			
Address:			
	City	Province	Postal code
Phone numbers:	Home	Cell	Work
Fax numbers:	Home	Work	Other
Email	Personal	Work	Other
Next of Kin/Contact Person:			
Phone numbers:	Home	Cell	Work
Birthdate:		SIN:	
Alberta Health Number:		Prior/other Health Numbers:	
Blue Cross Number:		Other Insurance Number:	
Disability Insurer:		Address	
Claim/ policy No.:		Adjustor	
Who's the primary name on any other Health plans:			
Birthdate of the primary person on other Health plans:			
Which Health plan:			

2. FAMILY DETAILS:			
Spouse/Significant Other Name			
Spouse/Significant Other birthdate			
Spouse/Significant Other Phone #:	Home	Cell	Work
Spouse/Significant Other Email:			
Child's Name			
Child's Birthdate:			
Child's Name			
Child's Birthdate:			
Child's Name			
Child's Birthdate:			

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3. EMPLOYMENT DETAILS: Please give us a copy of your resume, if you have one available.

Your Employer _____

Employer's Address _____

City _____ Province _____ Postal Code _____

How Long there: _____ Hours of Work: _____

Description of Work: _____

Present Salary: _____ Supervisor _____

B. MEDICAL

4. What injuries did you suffer in this accident?

_____

_____

_____

_____

5. Hospitalization: _____

_____

_____

6. Family Doctor: _____

7. Other Doctors seen regarding accident including specialists

Name: _____

Name: _____

Name: _____

8. Physiotherapy:
   Name:
9. Chiropractor:
10. Massage Therapist:
11. Other medical treatments: (Give details – who prescribed, type of treatment, duration of treatment, costs, etc.)

_____

_____

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