

ICBC Initial Questionnaire

Name:		Date:
Care Card No.:	Claim Number:	Date of Injury:
Adjustor's Name:		Adjustor's Phone No.:
Lawyers Name (if applic.):		Lawyer's Phone No.:
I consent to Mountainview Health & Wellness communicating with my lawyer about my case.		

1	Location of Injury	Yes	No	Description of pain/symptoms
	Do you have neck pain?			• • • •
	Do you have mid back pain?			
	Do you have low back pain?			
	Any other symptoms?			
2	When did you first get examined?			
3	Who examined you? (Family doctor, hospital, etc.)			
4	Describe how you were injured			
5	Were there any x-rays taken (or other imaging)?	Yes	No	
	If yes, where were they taken?			
	When were they taken?			
	What area of the body?			
	What were the results?			
6	Have you continued work since the injury?	Yes	No	If not, from what date have you been off work?
7	Have you ever had symptoms or received treatment for the area(s) injured in this accident?	Yes	No	
	If yes, please describe: Past incident: Treatment:	Date:		

Statement of Understanding

I understand that Mountainview Health & Wellness has a 24-hour cancellation policy and that I will be charged the **full private cost** for a missed appointment or a short notice cancellation.

Signature: _____