



Vitas Naudziunas Registered Physiotherapist
Natalia Converso, Registered Physiotherapist
Sameer Chunara, Registered Physiotherapist
Negar Nayeri Nia, Registered Physiotherapist
Mary Beth Ferguson, Registered Massage Therapist
Amanda Birch, Registered Chiropodist
Clover O'Brien, Registered Physiotherapist

PATIENT INFORMATION

Name:

Date of Birth:

Address:

Postal code:

Mobile Phone#:

Work Phone #:

Email Address:

Emergency Contact Name:

Relationship:

Emergency contact #:

Health Card #:

MOTOR VEHICLE ACCIDENT:

Date of Accident:

Insurance Company:

Claim #:

Adjuster Name and Phone #:

Previous Treatment for same accident?

Yes/No

Completed Accident Benefit Package?

Yes/No

WSIB

Date of Injury:

Claim #:

Name of Employer:

Employer Address:

Employer Phone #:

EXTENDED HEALTH INSURANCE:

Primary Insurer:

Plan/Group/Policy/Contract #:

ID/Certificate #:

Name of Insured:

Birth date of Insured:

Name of Employer:

Please note that by providing your email address and mobile phone number , you consent to email and text communication from St. George Physiotherapy for items such as appointment reminders, statements, invoices, exercise instructions, and commercial electronic messages.