

CLIENT INFORMATION	
Name:	Date of Birth (MM/DD/YYYY):
Address:	
Home Phone:	Can a voicemail be left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone:	Can a voicemail be left? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Appointment Reminders: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email	Preferred Method of Contact: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email
Substitute Decision Maker (Parent, Guardian, POA):	
Relationship to Client:	Phone Number:

REFERRAL SOURCE	
Name:	Company:
Telephone:	Email:
Address:	
How did you hear about us?	

REFERRAL INFORMATION		
<input type="checkbox"/> Psychology	<input type="checkbox"/> Rehabilitation Therapy	<input type="checkbox"/> Other:
<input type="checkbox"/> Social Work	<input type="checkbox"/> Psychoeducational Assessment	
<input type="checkbox"/> Psychotherapy	<input type="checkbox"/> Neuropsychological Assessment	
Reason for Referral:		
<input type="checkbox"/> MVA		
Date of Loss:	Diagnosis/Injury Codes:	
Injury: <input type="checkbox"/> MIG <input type="checkbox"/> Non-CAT <input type="checkbox"/> CAT	Claim #:	
Policy Holder (If not same as client):	Policy #:	
Insurance Company:	Adjuster:	
Address:		
Email:		
Telephone:	Ext:	Fax #:
Extended Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company:	
Plan #:	Name of Plan Member:	
Policy #:	Member ID #:	
<input type="checkbox"/> WSIB		
Date of Accident:	Claim #:	
Case Manager:	Telephone:	
Nurse Consultant:	Telephone:	
<input type="checkbox"/> Veterans Affairs		
ID # / K #:		
Case Manager:	Telephone:	
<input type="checkbox"/> Private		
<input type="checkbox"/> Other		

ADDITIONAL INFORMATION

Please contact us with any questions!

Huntsville Office
 387 Muskoka Road 3 North, Huntsville, ON P1H 1C5
 Phone: (705) 787-7500 Fax: (705) 787-0698

North Bay Office
 432-101 Worthington Street East, North Bay, ON P1B 1G5
 Phone: (705) 492-1715 Fax: (705) 787-0698