

The patient is responsible for any fees related to the completion of this form.

Plan Member/Employee Information and Consent **To Be Completed By Patient**

Male Female Plan Member/Employee Name : _____
Last Name First Name

Date of Birth: | Y | Y | Y | Y | M | M | D | D | Height: _____ Weight: _____ Home Phone # (+ Area Code): _____ Cell Phone # (+ Area Code): _____

Address: _____
Street City Province Postal Code

Employer's Name: _____ Plan Contract #: _____ Member Certificate #: _____

Last Date Worked: | Y | Y | Y | Y | M | M | D | D | Date Returned to Work or Expected Return to Work Date: | Y | Y | Y | Y | M | M | D | D |

Questions **To Be Completed By Physician**

STOP

- If your patient has returned to work or is expected to return to work within 4 weeks of the Last Date Worked, complete sections 1 to 4 only and sign the end of the form.
- For absences expected to be greater than 4 weeks, please complete Pages 1 and 2 in full.

1) Diagnosis

Primary Diagnosis: _____

Secondary and/or Complications: _____

Does the interruption of work result from problems related to:

- marital/family life personal or interpersonnal problems
 professional problems alcohol or drug abuse and/or gambling problems

If Childbirth - Expected or Actual Delivery Date | Y | Y | Y | Y | M | M | D | D | Vaginal C-Section

Occupational Illness/injury? Yes No Auto accident? Yes No

If yes, date of event: | Y | Y | Y | Y | M | M | D | D |

If yes, date of event: | Y | Y | Y | Y | M | M | D | D |

Date of first visit to you pertaining to this condition:

| Y | Y | Y | Y | M | M | D | D |

First date of work absence due to condition:

| Y | Y | Y | Y | M | M | D | D |

2) Hospitalization

Is/was patient hospitalized? or had day surgery?

| Y | Y | Y | Y | M | M | D | D | | Y | Y | Y | Y | M | M | D | D | _____

Date of admittance Date of discharge Institution Name

If surgery was performed please provide date and description of surgery:

| Y | Y | Y | Y | M | M | D | D |

Date Description

3) Treatment (drug, dosage, physiotherapy, other):

