



# Escarpment Sports Medicine Centre

## WSIB PATIENT INTAKE

PERSONAL INFORMATION			
Last Name		First Name	
Address			
City	Province		Postal Code
Date of Birth (ddmmyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home phone #	Cell phone#
Family Physician			
Address		Phone #	Fax #

WORK INFORMATION			
Employer		Occupation	
Address			
City	Province		Postal Code
Telephone #		Fax #	

INSURANCE			
EXTENDED HEALTH INSURANCE INFORMATION			
Do YOU or YOUR SPOUSE or PARENT have Work Extended Health Coverage?			
Insurance Company Name	Plan/Policy #		Group/ID #
Telephone #		Fax #	
Policy Holder's Name		Policy Holder's Date of Birth (ddmmyy)	
WSIB Information			
Adjustor's Name		Telephone and Fax #	
Nurse Consultant's Name	Telephone #	Fax #	
Date of Loss (ddmmyy)	Have you reported the accident? Yes ( ) No ( )	Claim #	

LEGAL INFORMATION		
Law firm	Legal Representative	
Address	Telephone #	Fax #



## Physiotherapy Consent For Assessment and Treatment

Physiotherapy is a form of rehabilitation that incorporates various modalities of pain relief, manual therapy and functional conditioning that target an individual's ultimate goal to return to or exceed his/her pre-injury function.

Before beginning treatment I acknowledge that the therapist needs to do an assessment. I understand that the assessment may aggravate my symptoms but it is necessary for the physiotherapist to find the origin(s) of my pain(s).

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**Patient signature**

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**Date**

Physiotherapy treatment consists of modalities, manual therapy, supervised exercise program and education. Mechanical modalities include interferential current (IFC), muscle stimulation (NMES), transcutaneous electric nerve stimulation (TENS), ultrasound, acupuncture, heat therapy and cold therapy. The physiotherapist will always screen each patient to ensure the appropriate use of any modality.

Manual therapy may include mobilization, stretching, muscle energy release techniques, massage and traction. There is also an inherent risk of aggravation of symptoms and discomfort during the treatment session. However, these methods have been shown in the literature to be useful and beneficial to an individual's recovery when deemed appropriate by the physiotherapist. All manual therapy will be performed and monitored only by the physiotherapist.

An active exercise component is always incorporated into a treatment plan with the goal of conditioning an individual back into their activities of daily living and/or sport. With this component of treatment comes the risk of muscle soreness, strain or aggravation of symptoms. However, the exercise program will be tailored to suit the needs and limitations of the individual and will be monitored by the physiotherapist and/or auxiliary staff. Pain and injury will weaken an individual's general physical state and therefore the exercise program is paramount to recovery. Each individual will be screened for the appropriateness of each exercise prescribed.

I, \_\_\_\_\_, have read the above information and understand the risks and benefits of having physiotherapy treatment and have agreed to proceed with the rehabilitation program as prescribed by my physiotherapist. Finally, I am aware that I have the right to refuse any treatment that I still feel is inappropriate for me after having been explained the risks and benefits.

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**Patient signature**

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**Therapist signature**



## INTRODUCTION TO REHABILITATION - WSIB

Welcome to Escarpment Sports Medicine Centre. Our facility is greater Halton's most comprehensive Orthopaedic & Sports Physiotherapy organization. Our clinic provides access to a fellowship trained primary care Sports Medicine Specialist, an Orthopaedic Surgeon, as well as excellence in Orthopaedic and Sports Medicine Physiotherapy and Rehabilitation.

In an effort to guide you through your rehab process we have outlined a few important details that you should keep in mind:

1. Once you have reported your injury to your employer and to WSIB, a claim will be set up under your name. It is important that we have your claim number as soon as possible. If a claim number has not been issued we require your social insurance number since WSIB uses it to identify you. We will only use your SIN number to obtain your claim information.
2. In order for a claim to be processed, WSIB will require certain forms to be completed: Form 6 is for you to complete, Form 7 is for your employer to complete and Form 8 is for your doctor and your physiotherapist to complete. ***It is your responsibility to follow up and ensure that these forms have been completed and sent in to WSIB.***
3. Once a claim has been established by WSIB your file will be handled by a case manager and a nurse consultant. You can call the general WSIB phone line (416-344-1000) to find out the name and direct phone number of the case manager in charge of your file.
4. Once the claim is approved, WSIB will fund up to 12 weeks of treatment. We will only bill WSIB for those sessions that you attend.
5. In terms of payment, we submit our invoices directly to WSIB using their online billing service and we also get paid directly from them. ***In the event that WSIB denies your claim your account is ultimately your responsibility.*** As a courtesy to you, if you have extended health benefits we will submit your account to your extended health carrier. However, it is your responsibility to find out the amount and terms of your extended health physiotherapy coverage.
6. From time to time WSIB will request an update as to how your rehabilitation/therapy is progressing. Please give the form to your therapist and we will complete it at our earliest convenience.

If you have any further questions regarding your entitlement to physiotherapy as it is pertains to WSIB please feel free to speak to any of our front desk staff or to your therapist.

I hereby acknowledge having read the information listed above and agree to the terms and conditions as outlined.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ***ESMC Cancellation Policy***

Our cancellation policy enables us to better utilize available appointments for our patients in need of treatment.

If you need to cancel your appointment please call us at (905) 864-9945 at least 24 hours in advance.

Any cancellations with less than 24 hours notice (exceptions apply) may result in a \$25 charge to your account with us.

If you do not show up for an appointment and fail to notify us, a \$25 charge will be applied to your account.

I have read and understand the above.

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**Client's signature**

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**Date**

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**Witness**