AIM REHABILITATION CENTRE

25 Redmond Dr. Unit 7, Hamilton, Ontario, L8W3K7

New Patient Form

Personal:

First Name | Last Name | Birthday dd/mm/yy

Address | City | Province | Postal Code

Telephone (Home) | Alternate telephone | E-mail

Emergency Contact | Relationship | Telephone

Medical Doctor Name | Address/Telephone

Employer Name/Address/Telephone | Occupation

Billing: Please fill out all appropriate sections:

Extended Health Coverage:

Insurance Company | Address/Telephone

Group Number/ID Number | Policy Holder (If not patient)

Work Injury:

WSIB Claim# | Date of Injury/Accident | Adjudicator/Nurse

Motor Vehicle Accident:

Insurance Company Name and Address

Policy and Claim# | Adjuster Name and Telephone

Policy Holder (If not Patient) | Relation | Telephone