

Dowswell Chiropractic & Wellness Centre
Dr. Lynn Dowswell, D.C.1
241 West Street, Unit 3
Orillia, Ontario L3V 5C9
Telephone: 705.325.0832 Fax: 705.325.8401

WSIB Intake Form

Name: _____ D.O.B: _____

Occupation/Job Title: _____

Length of Time at Job (Years/Months): _____

Employer Information

Employer Name: _____

Employer Address: _____

City: _____ Postal Code: _____ Email Address: _____

Supervisor Name: _____ Supervisor Phone Number: _____ EXT: _____

Supervisor Fax Number: _____ Supervisor Email Address: _____

Medical Information

Doctors Name: _____

Doctors Address: _____

City: _____ Postal Code: _____

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WSIB Claim Information

Name: _____ D.O.B: _____

WSIB Claim Number: _____ Accident Date: _____
(Day/Month/Year)

WSIB Adjudicator Name: _____

WSIB Adjudicator Phone Number: _____

WSIB Adjudicator Fax Number: _____

How Did The Accident Happen?

Access to Services Information

Your Social Insurance Number: _____

Your Health Card Number: _____ Expiry Date: _____