

CONFIDENTIAL CASE HISTORY  
I.C.B.C. Form

**BAYSWATER NEUROMUSCULAR & MASSAGE**  
#218 - 2475 Bayswater Street  
Vancouver, B.C. V6K 4N3  
Tel 604-732-4665 Fax 604-732-9266

NAME	DATE
ADDRESS	HOME PHONE
	WORK PHONE
POSTAL	OCCUPATION
E-MAIL	BIRTH DATE
WHO REFERRED YOU?	

**YOUR APPOINTMENT:** Your appointment time is reserved especially for you. If you find it necessary to reschedule an appointment, a minimum of 24 hours notice is required so we may give this time to someone else. Otherwise it may be necessary to charge you for your time booked. Thank you for your cooperation and understanding.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1. Date of Accident: \_\_\_\_\_
2. Briefly describe accident: \_\_\_\_\_  
\_\_\_\_\_
3. Describe symptoms right after accident: \_\_\_\_\_  
\_\_\_\_\_
4. What are your symptoms now? \_\_\_\_\_  
\_\_\_\_\_
5. What activities or movements aggravate symptoms? \_\_\_\_\_  
\_\_\_\_\_
6. Is this condition getting progressively worse? Yes \_\_\_ No \_\_\_ Constant \_\_\_ Comes & Goes \_\_\_
7. Is this condition interfering with your Work \_\_\_ Sleep \_\_\_ Daily Routine \_\_\_  
Briefly describe details: \_\_\_\_\_  
\_\_\_\_\_
8. Are you on any medication? If so, list: \_\_\_\_\_  
\_\_\_\_\_
9. Are you seeking any other forms of therapy? \_\_\_\_\_  
\_\_\_\_\_

#518 - 5475 Baywater Street  
Vancouver, B.C. V6P 1K9  
Tel: 604-135-1888 Fax: 604-135-2588

10. Have you had any previous accidents or injuries?

Tel: 604-135-1888 Fax: 604-135-2588

11. Do you have any difficulty with the following:

- Headaches
- Sinus trouble
- Hayfever
- Asthma
- Tightness in throat
- Inflammation of throat
- Nervousness
- H.I.V. Positive
- Twitching of face
- Fatigue
- Depression
- Dizziness
- Fainting
- Loss of balance
- Disc problems
- Epilepsy
- Ringing in ears
- Muscle spasms in neck
- Tightness in shoulders
- Pins & needles in arms
- Cold hands
- Chest pains
- Painful joints
- Swollen joints
- Shortness of breath
- T.B.
- High blood pressure
- Low blood pressure
- Anemia
- Stomach trouble
- Arthritis
- Swollen ankles

12. Any Additional information:

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<b>FOR OFFICE USE ONLY</b>			
<b>P.I.N number</b>	<b>initials</b>	<b>surname</b>	<b>birth</b>
<b>referring doctor</b>	<b>payment number</b>		<b>phone</b>
<b>chiropractor / physio</b>			<b>phone</b>
<b>ICBC claim number</b>	<b>adjuster's name/address</b>		<b>phone</b>
<b>Lawyer's name</b>	<b>address</b>		<b>phone</b>