

# Massage Therapy ICBC Personal Injury Claim

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

ICBC Claim #: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

ICBC Adjuster: \_\_\_\_\_

Have you consulted any Health professionals since the accident? ( i.e. MD, chiropractor, physio, RMT, other)

\_\_\_\_\_

Have you had any X-rays taken? \_\_\_\_\_

Were you:     driving     passenger (front seat)     passenger (back seat)?

Were you wearing a seat belt?  Yes  No

Were you:     facing forward     to the side     looking over left shoulder     looking over right shoulder

Were you:     struck from behind     struck in front     struck on the left side     struck on the right side  
 struck other circumstances? \_\_\_\_\_

In your own words, please describe the accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any physical complaints BEFORE the accident? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Since the accident (as a result of), what complaints do you have? \_\_\_\_\_

\_\_\_\_\_

Please mark on the diagram the areas affected by the accident:



Are you taking any medications for your symptoms? If so, what? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Since the accident occurred, are your symptoms:  improving     getting worse     the same

Do these complaints/injuries affect your daily activities or work activities? If so, in what way? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_