



**MESSAGE THERAPY RE: ICBC
PERSONAL INJURY CLAIM**

Name: _____ ICBC claim #: _____
Date of accident: _____ ICBC adjuster: _____

Have you consulted any Health professionals since the accident? ie) 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 or No.

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

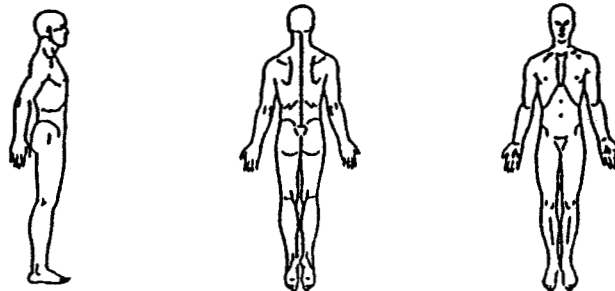
Were you struck from behind, the front, left side, right side, or other circumstance? _____

In your own words, please describe the accident. _____

Did you have any physical complaints before the accident? If so, explain. _____

Since the accident (as a result of) what complaints do you have? _____

Please mark on the diagram 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 dally activities or work activities? If so, in what way? _____
