

ICBC Patient Intake Form - Up Athletics & Rehab

Full Name	
ICBC claim number	
Name of the primary care provider	
Date of accident	
Date of birth (MM, DD, YYYY)	
Personal health number	
Prior injuries or conditions at the time of accident (If yes please explain)	
Pre-injury job title	
Pre-injury employment status	FT <input type="checkbox"/> Self Employed <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> PT <input type="checkbox"/> Training <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/>
Current job title	
Number of current workhours per day	Comment:
Number of current workdays per week	Comment:
Current work/daily activity modifications because of accident (comment)	
Are you able to perform the following activities	Self-care <input type="checkbox"/> Sport <input type="checkbox"/> Home making <input type="checkbox"/> Leisure <input type="checkbox"/>
Please list ongoing post-accident symptoms (Location-frequency-duration-intensity)	
Please list the top 3 main Barriers to recovery	Functional <input type="checkbox"/> Psychological <input type="checkbox"/> Medical <input type="checkbox"/> Physiological <input type="checkbox"/> Medical <input type="checkbox"/> Employer <input type="checkbox"/> Compliance <input type="checkbox"/> Explain:

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If you are **currently employed/on leave**: please list **work activities** that you could perform pre-injury, but now you cannot.

If you are **currently un-employed**: please list **activities of daily living** that you could perform pre-injury, but now you cannot.

	Limited	Light	Moderate	Heavy	Comments
	(0-5kg) 11 lbs	(5-10 kg) 22 lbs	(10 - 20kg) 44 lbs	(>20 kg) 44 lbs	
Lift floor to waist					
Lift waist to shoulder					
Lift — other (describe)					
Front carry					
Right carry					
Left carry					
Push					
Pull					

If you are **currently employed/on leave**: please list **work activities** that you could perform pre-injury, but now you cannot.

If you are **currently un-employed**: please list **activities of daily living** that you could perform pre-injury, but now you cannot.

	Never	Rare	Occasional	Frequent	Constant	Comments
	0%	<5%	5%-33%	34%-66%	67%-100%	
Sustained grip						
Repeated grip						
Sustained pinch						
Repeated pinch						
Reaching above shoulder						
Reaching below shoulder						
Manual dexterity						
Finger dexterity						
Stooping — forward bending while standing						
Kneeling						
Crouching						
Sitting						
Standing						
Climbing, stairs/ladders						
Walking						
Forward bending while sitting						
Crawling						
Other						
Stress						

Date:

Signature: