



**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?

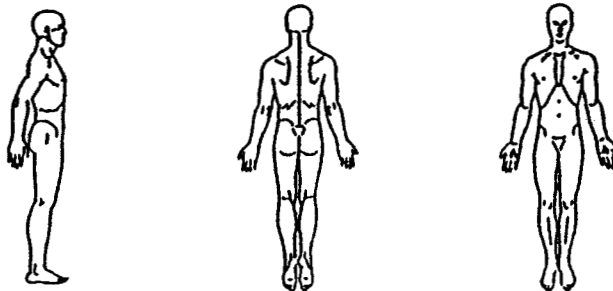
Were you struck from behind, the front, left side, right side, or other circumstance? \_\_\_\_\_

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 daily activities or work activities? If so, in what way? \_\_\_\_\_  
\_\_\_\_\_