



Box 2410 Humboldt, SK S0K 2A0
Ph: (306) 682-6610; Fax: (306) 682-6636

Client Registration

Name: _____

Mailing Address: _____

Home Phone #: _____ Work/Cell # _____

Gender: Male Female

Email Address: _____

Date of Birth: _____

Injury Date: _____ 1st Appt. Date: _____

Area of Injury: _____

Referred by: _____

Saskatchewan Health Services Card #: _____

Family Physician: _____

WCB/SGL Claim #: _____

Adjuster/Case Service Representative: _____

Occupation: _____

Employer: _____

Work Phone #: _____

Fax #: _____

Next of Kin: _____

Phone #: _____