

**COOPER PHYSIOTHERAPY CLINIC  
OSGOODE**

Box 329, 3198 Logan Farm Drive  
Osgoode, ON, K0A 2W0

**Tel:** 613-826-1662 **Fax:** 613-826-1663

[cooperphysioosgoode@gmail.com](mailto:cooperphysioosgoode@gmail.com)

[www.cooperphysio.com](http://www.cooperphysio.com)



**COOPER PHYSIOTHERAPY CLINIC  
GREELY**

7606-2 Village Centre Place,  
Greely, ON, K4P 0C8

**Tel:** 613-821-1662 **Fax:** 613-821-1663

[cooperphysiogreely@gmail.com](mailto:cooperphysiogreely@gmail.com)

[www.cooperphysio.com](http://www.cooperphysio.com)

WSIB INFORMATION SHEET

NAME: \_\_\_\_\_ WSIB CLAIM #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

WORK #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

BIRTHDAY (Y/M/D): \_\_\_\_\_ S.I.N.: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE #: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE #: \_\_\_\_\_