

**Motor Vehicle Accident Information**

**ICBC Claim Number:** \_\_\_\_\_ Please have this prior to 1<sup>st</sup> appointment

**Patient Name:** \_\_\_\_\_ **Patient Email:** \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Position in Vehicle (driver, passenger, front, back) \_\_\_\_\_ Restrained: Y\_\_\_ N\_\_\_

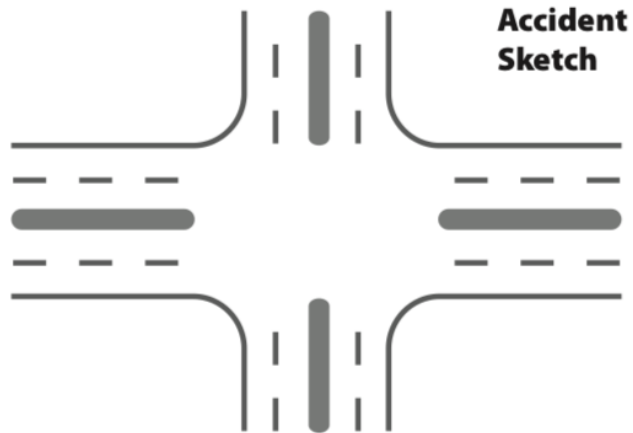
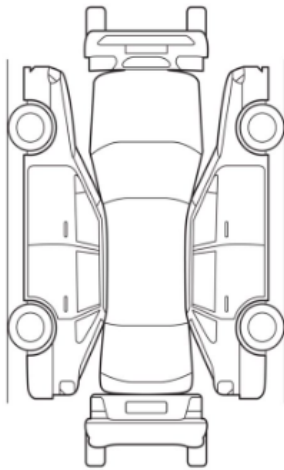
Did airbags deploy: Y\_\_\_ N\_\_\_ Were paramedics called: Y\_\_\_ N\_\_\_ Emergency room Visit: Y\_\_\_ N\_\_\_

Type of vehicle (your vehicle): \_\_\_\_\_ Others in your vehicle: \_\_\_\_\_

Number and type of other vehicles involved: \_\_\_\_\_

Damage to vehicle (please circle):

Please sketch and describe what happened:



\_\_\_\_\_  
\_\_\_\_\_

In point form, please list injuries:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list pre-existing injuries you had at time of MVA:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Is this your first medical appointment regarding this accident: \_\_\_\_\_

Did you miss any work/school/training due to your MVA: \_\_\_\_\_

Have you had to modify your hours or duties for work/school/training due to your MVA: \_\_\_\_\_

\_\_\_\_\_

Can you carry out your non-work activities? \_\_\_\_\_

## CONSENT TO SHARING OF INFORMATION

I hereby authorize Dr \_\_\_\_\_ to submit to the Insurance Corporation of British Columbia (ICBC) the Report identified below ("Report"), which contains medical information related to a motor vehicle accident dated \_\_\_\_\_. I understand that the information contained in the Report can be used by ICBC in connection with my insurance claim.

Standard Medical Report (CL489)

Extended Medical Report (CL489A)

Other \_\_\_\_\_

A photocopy or electronic version of this authorization is as valid as the original.

I have read and understood the contents of this document and I hereby consent to the sharing of the Report with ICBC, and the use of my medical information contained therein as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Date: (*mm/dd/yyyy*)