

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY CARE OR TREATMENT ACCOUNT

Occupational health and safety

dentification of							e:																						
Surname (as shown on birth certificate)							Fin	st na	ame									Hea	uth	insur	ance	No				r			
Postal code							Da	te o	forig	inal	event							Date	e of	of recurrence, relapse or aggravation									
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Diagnosis																													
Diagnosis req	uiring consultation	in o	ccupati	iona	al the	rapy	bef	ore t	the 6	th w	veek fr	om t	he	date o	of the	eve	nt?												_
3 Consultation i	n occupational the	erapy	before	the	e 6th	wee	k fro	m th	ne da	ite o	of the e	even	t in	dicate	d by t	he p	hysi	cian	in c	harge	?								
	reatments per wee	k ind	licated	by	the p	hysi	cian	in c	harge	e?																			
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