PrimeCare+
MEDICAL CLINIC

508 – 15th Avenue S.W.
Calgary, AB
T2R 0R2
(403) 398-5449

WCB – FIRST VISIT

(PLEASE PRINT)

Alberta Health Care #: _____

Date of Birth: _____/_____/_____ Male □ Female □
Year Month Day

Last Name First Name Middle Name

Date of Injury: _____/_____/_____
Year Month Day

Claim Number: _____

Injury Description: _____

_____

_____

_____

Employer Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Occupation: _____

Supervisor Name:_____

Telephone Number: _____

Your information will be kept strictly confidential and will only be shared with other health care providers in relation to your health care needs.