



**Braeside on 24<sup>th</sup> Medical Walk-in Clinic**  
11466 Braeside Drive SW  
Calgary, AB T2W 4X8  
P: 587-296-3363 | F: 587-296-3369 | E: admin@braesideon24.com

## WCB Employee and Injury Details

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### Patient Information

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Name: \_\_\_\_\_

Date of birth: *month* \_\_\_\_\_ *day* \_\_\_\_\_ *year* \_\_\_\_\_

PHN: \_\_\_\_\_

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### Employer Information

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Company/Employers' name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal code: \_\_\_\_\_

Province: \_\_\_\_\_

Phone: \_\_\_\_\_

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### Injury Details

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Job title: \_\_\_\_\_

Was the injury sudden, or did it develop overtime? (check one):  sudden  developed overtime

Date of injury: *month* \_\_\_\_\_ *day* \_\_\_\_\_ *year* \_\_\_\_\_

Briefly describe the injury, and how it happened, below:

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