

WELLNESS ROOM PARTICIPANT INFORMATION FORM



SELECT WELLNESS ROOM LOCATION

- Ontario Wellness Room Garden Grove Wellness Room Montebello Wellness Room

EMPLOYEE CONTACT INFORMATION

NAME:

EMPLOYER:

ADDRESS:

PHONE:

WORK LOCATION INFORMATION

RISK MANAGEMENT CONTACT:

WORK LOCATION: (i.e.: Office Name or Branch)

WORK'S PHONE:

WORK'S FAX:

INJURY / MEDICAL INFORMATION

DATE OF INJURY:

TYPE OF INJURY:

WORK RESTRICTIONS:

MEDICAL PROVIDER:

MEDICAL PROVIDER'S PHONE:

NEXT APPOINTMENT:

WELLNESS ROOM START DATE:

OTHER IMPORTANT INFORMATION: