INSTRUCTIONS TO COUNSEL

DIARY

Name of Client: _____

Address: _____

_____

Phone: _____

Place of Employment: _____

_____

Occupation: _____

Date of Accident: _____

Location: _____

I.C.B.C. Claim Centre: _____

Claim No.: _____

Adjuster: _____

Circumstances of Accident

Set out below a detailed description of the accident including a diagram, if possible.

Complaints of Pain and Discomfort

Complete on a day-to-day basis as discomfort occures, as per example given

DATE	COMPLAINT	ACTION TAKEN
October 22, 1981	lower back pain	took a 292

Doctors Visits

Complete after each visit to doctor, as per example.

Date	Transportation	Doctor and Address	Amount
Oct.23/81	cab	Dr. Smith, 750 West Broadway	$ 6.00

Physiotherapy

Complete after each visit to physiotherapist, as per example given.

Date	Transportation	Therapist and address	Amount
Oct.24/81	Car	Grant & McCulloch, 148 E.27th	gas

Hospitalization

Admitted on (Date)	Hospital and Location	Dicharged on (Date)	Amount

Drugs and Appliances

Complete with each purchase of drugs or appliances and retain receipts for same.

Date	Store and Address	Doctor	Name of Item	Dosage	Amount

Wage and Income Loss

Record each time loss from work and explanation for same.

Date	Reason for Absence	Wage Lost

Other Expenses

Record all necessary purchases or expenses here and retain receipts for same.

Date	Explanation	Amount