Alberta

Care and Treatment Request (Physical) (CF-CT-4)

Excludes diagnosis. For accidents that occur on or after **January 1, 2027**

Please use this form to request care approval. Referrals are not mandatory.

Did you receive a referral?	If yes, indicate the full name of referring practitioner	Date of referral, as applicable *(dd-mm-yyyy)*
☐ Yes ☐ No		

Part 1. Claimant Information

Last Name	First Name	Middle Name(s)

Mailing Address	City or Town

Province	Country	Postal Code	Email Address

Telephone Number	Date of Birth *(dd-mm-yyyy)*	Date of Accident *(dd-mm-yyyy)*

Insurance Company	Claim Number (if known)

Part 2. Clinical Assessment

Area of injury	Description

Key subjective findings and symptoms

Part 3. Treatment Plan

Investigations/Diagnostics Planned

Treatment Modalities

Duration of treatment	Frequency of visits	Total number of visits requested

Treatment Goals

Full functional recovery expected?	Estimated date (*dd-mm-yyyy*)
☐ Yes ☐ No	

Resumption of daily living assistance (DLA) activities?	Estimated date (*dd-mm-yyyy*)
☐ Yes ☐ No	

Referrals for additional health care services?	If yes, to whom
☐ Yes ☐ No	

Part 4. Treatment Plan Approval Request

Based on the treatment plan, I am requesting insurer approval for ▼ **visits with an anticipated treatment end date of** ▼ ▼ ▼

Part 5. Health Care Practitioner Information

Full Name of Health Care Practitioner			
Profession			
Professional License or Registration Number			
Mailing Address			
City	Province	Country	Postal Code
Clinic Name	Administrative Contact's Full Name		
Telephone Number	Fax Number		
Email	Preferred Contact Method ☐ Phone ☐ Email		

Part 6. Health Care Practitioner Signature

I certify that the information provided is true and correct to the best of my knowledge.

Full Name of Health Care Practitioner (Please Print)	Date Completed and Signed (DD/MM/YYY)	Signature

Notice for Statutory Authority to Collect and Disclose Personal Information
The *Automobile Insurance Act* authorizes the collection and disclosure of the personal information required by this document.

Please consult your privacy officer, legal counsel, or the Office of the Information and Privacy Commissioner of Alberta regarding any questions about your obligations under applicable privacy legislation.