Caring Hands Physiotherapy

Physiotherapy – Patient Intake form ***Please read & fill all information in details

First Name _____ **Last Name** _____ **Gender:** _____

Current Address _____

City _____ **Province** _____ **Postal Code** _____

Email _____ **Phone (Cell)**_____ **Home** _____

Alberta Health Care # _____ **Date of Birth(mm/dd/yyyy)** _____

Emergency info: Name _____ **Phone** _____ **Relation** _____

Employer: _____ **Nature of Job**_____ **Phone**_____

Who can we thank for referral: Name _____ **Phone**_____

Family Doctor Information:

Name _____ **Clinic name & No** _____

Health & Medical Information:

What is your primary complaint (or body part injury or pain)? _____

Please provide a list of any surgeries, past injury, or past condition you have had:

_____

Is your pain related to ☐Car accident (date)_____ **☐Work related injury (date)**_____ **☐Other?**

Are you pregnant? ☐Yes ☐No ☐Not sure. If Yes, how many weeks? _____

Is there anything else about your health history that you think would be useful for your practitioner to know? _____

Any Current medication you are taking: _____

Payment Information

I understand that payment for services received at the clinic is my responsibility. If for some reason the third-party payer, such as WCB, extended health insurance or employer, denies the claim and/or refuses to pay all or any of the full amount billed, I am responsible for paying the amount outstanding. I understand that the fees per visit for this service are:

Fees: ***Assessment $ 95.00*** _____ ***Treatment $ 75.00*** _____ _____ ***Initials***

Patients are responsible for providing 24 hours notice for appointment cancellations. If you cancel without notice, there will be a $15 cancellation fee.

Date: _____ _____ *Initials*

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TREATMENT INFORMATION AND CONSENT

Physiotherapy treatment techniques may include but are not limited to manual techniques including spinal manipulation, electrotherapeutic modalities and exercise as well as other techniques such as acupuncture. A number of these may be recommended during your program. As your participation in all aspects of your program is imperative to its success, it is the policy of _____ to ensure the benefits, side effects and potential complications of each chosen modality are explained to you by your therapist before use. Throughout your program, if you have any questions or concerns about any recommended treatment, you must inform your therapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program _____. I understand that for the duration of my treatment, my consent may be withdrawn at any time and understand that I must inform my physiotherapist.

_____

Signed *(If the patient is under the age of 18, a guardian must sign for them)* *Date*

_____

Witness *Date*