

REGISTRATION

(provincial regulations require us to evaluate any new condition and/or re-evaluate your present condition if you haven't received any treatments in the past 4 weeks)

Date : _____

1. Personal information

Last Name (at birth) First Name Date of birth

Address City Prov. Postal Code

Home phone Work phone Cel phone e-mail (important)

2. Referral information (new patients only)

How did you hear about us?

If by a friend or family member, please give their name, phone number and address below, so that we may send them a thank you note and/or small gift

3. Payment information

CSST: fees are covered by the CSST

SAAQ : fees are covered by the SAAQ

With or without insurance : Initial visit (includes evaluation and treatment) is \$65 , subsequent visits are \$60

. In Quebec, we are not allowed to bill your insurance company directly.

4. Medical information

Reason for your consultation : _____

Were you referred by a doctor? Yes / No Name ? _____

Medication presently being taken : _____

Allergies : _____

Present or past health conditions :

<input type="checkbox"/> arthritis	<input type="checkbox"/> osteoporosis	<input type="checkbox"/> cardiac/circulation	<input type="checkbox"/> diabetes
<input type="checkbox"/> surgery	<input type="checkbox"/> metal implants	<input type="checkbox"/> cancer	<input type="checkbox"/> sudden weight loss
<input type="checkbox"/> recent virus/infection	<input type="checkbox"/> pacemaker	<input type="checkbox"/> neurological	<input type="checkbox"/> presently pregnant
<input type="checkbox"/> cochlear implant			

- By signing this form, you are consenting to receive physiotherapy treatments
- According to the area being treated, you may wish to bring shorts or a tee-shirt. We will provide you with a treatment gown if necessary.
- We aim to be very punctual...please help us attain this goal by not being tardy.
- **A \$20 cancellation fee will apply if you do not notify us 24 hours in advance.**
- Not coming to an appointment, without the courtesy of a phone call, is considered bad. Someone else could have benefited from the time slot we had reserved for you.
- Limited and discreet use of a cellular phone is OK.
- Your young children may accompany you during your treatment, provided they are able to stay by your side and not disrupt the other patients. You assume all responsibility for their safety.
- Please plan around 45 minutes for your treatment, however this may vary depending on your condition

signature

date

Thank you for choosing us as a partner in your health