

PATIENT INFORMATION:

Patient Name: _____

Date Of Birth: _____

Address: _____ Gender: _____

Home Number: _____ Cell Number: _____

Email _____

Appointment Reminders by: Email _____ Phone _____ None _____

Workplace Injury: ___YES ___NO Car Accident: ___YES ___NO

Claim number: _____ Claim Number and/or Policy Number: _____

Family Dr.: _____ Referring Dr.: _____

MEDICAL INFORMATION: (Please check all that apply) Diabetes Cancer Nervous System Disorders High Blood Pressure Allergies Pregnant Heart Attack Operations Dizziness Pacemaker Seizures Hepatitis/HIV/AIDS Frequent Headaches Metal Implants Smoker

Other: _____

Medication Lists: _____**Emergency Contact Name and Number:** _____

I understand that I will be charged a fee of \$75 for any appointment missed without at least 24 hours' notice for cancellations or rescheduling, to be provided within standard business days (Monday-Friday)

I am responsible for my physiotherapy treatment payments at each visit.

Consent to Collect / Disclose Personal and Personal Health Information

I hereby give ActiveCare Physiotherapy-Kanata permission to receive and disclose information pertaining to my condition and treatment with the appropriate medical personnel. This consent will be considered valid for one (1) year from the date signed. Photocopies and faxes will be considered valid if required as proof of consent prior to communication occurring.

Please be advised that ActiveCARE Physiotherapy-Kanata is the health information custodian of your clinic file.

Consent to Assessment and Treatment

I consent to partake in the physiotherapy assessment/treatment including a) review of my medical history and current injury, and b) physical examination which may include palpation of the painful area and both active and passive movement testing. I understand that upon completion of the assessment the physiotherapist will provide me with his/her opinion and provide me with information regarding my treatment options.

Signature_____
Date

Be aware the clinic sells medical supplies including, but not limited to custom orthotics, TENS units, custom bracing, braces, splints, and pillows. You are free to use any other supplier of these products. Please ask your physiotherapist if you would like to use an external supplier.

Please be advised that Dr. Cupsa has a proprietary interest in ActiveCARE Physiotherapy-Kanata.

You have the ability to choose any provider