CALGARY HOME
PHYSIOTHERAPY

PATIENT INTAKE FORM

Name:	Date of Birth:
Address (include postal code):	
Home Phone:	Business Phone:
E-mail:	☐ Male ☐ Female ☐ Other
Date of Injury: OR ☐ gradual onset	Area of pain:
Emergency/Guardian Contact:	Phone:
Family Physician:	Address:

Surgical History: (Please list related surgeries first, before other surgeries if applicable, including dates)

_____

Medications: (Please list current prescription medication including number, dose & frequency)

_____

Have you ever had physiotherapy services before? (If yes, please describe reason & dates of service)

_____

Have you received any treatments from other health professionals for your current problem?

_____

Do you have any history of the following medical conditions?

	YES	DESCRIBE
Asthma	☐	_____
Cardiac Problems	☐	_____
Cardiac Pacemaker	☐	_____
Respiratory Problems	☐	_____
High Blood Pressure	☐	_____
Diabetes	☐	_____
Stroke	☐	_____
Infectious Diseases	☐	_____
Hernia	☐	_____
Cancer	☐	_____
Epilepsy/Seizures	☐	_____
Hearing Problems	☐	_____
Vision Problems	☐	_____
Arthritis	☐	_____
Pregnant	☐	_____

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Please list other information you feel would assist us in ensuring your safety and maximizing your care:

_____

Consent to Treatment

Physiotherapy treatment may include, but not limited, to manual techniques including spinal manipulation, electrotherapeutic modalities, exercise, acupuncture, and taping. The treatments chosen for my rehabilitation program will be discussed with me and I will be made fully aware of their benefits, risks, and possible side effects. Throughout my rehabilitation program, if I have any questions or concerns about any recommended treatment, I must inform my Physiotherapist immediately to discuss the treatment rationale and/or modify my program appropriately. I understand the criteria above and agree to be assessed and treated by my Physiotherapist. I understand that for the duration of my treatment, my consent may be withdrawn at any time in writing.

Consent for Personal Information

In order to provide safe treatment, your Physiotherapist may need to communicate with your physician regarding your condition and treatment. Communication of information pertaining to your treatment with your lawyers, the WCB, your employer, or auto insurance company may also be necessary. No information other than that which is directly associated with your care/treatment will be disclosed. I understand that my personal information will be used solely for the goods and services provided by Calgary Home Physiotherapy and will not be shared with a third party without my consent.

Cost of On-site Physiotherapy Services

Initial assessment (up to 60 minutes): $150
45 minute treatment with physiotherapist: $150
Hospital parking surcharge: $7
45 minute treatment with kinesiologist: $100
Custom made orthotics: $500
Out of city travel surcharge: $20

Payment Policy

Payment is due in full by debit card, credit card (Visa, Mastercard, AMEX), or Interac e-Transfer at the end of each assessment or treatment session. You will be provided with a receipt that you can submit to your insurance provider for reimbursement. As the policy holder, it is your responsibility to contact your insurance company and confirm the exact details of your coverage.

Cancellation Policy

A minimum of 24 hours' notice is required for change or cancellation of any appointment so that another patient needing physiotherapy can fill the time slot. You will be charged the full applicable fee if you cancel with less than 24 hours' notice or if you do not show up for your appointment. Should you arrive late for your appointment or request to leave early, the full fee will also apply. If unexpected delays occur, please be assured that you will receive your full allotted time.

Consent and Acknowledgement

I, _____ (print name), have read and agree to abide by the above consents for treatment and personal information, the cost of on-site physiotherapy services, and the payment and cancellation policies. I have also had an opportunity to ask questions. By signing below, I give my consent to my Physiotherapist to proceed with assessment and treatment. I intend this consent to cover the entire course of treatment for my present condition.

Patient/Guardian Signature: _____ Date: _____