PATIENT INTAKE FORM

Please print clearly. If you have any questions, please do not hesitate to ask! Thank You.

Mr/Mrs/Ms *Last Name: _____ *First Name: _____

*Address: _____

*City/Province: _____ *Postal Code: _____

*Email: _____

*Home Phone #: _____ *Cell Phone#: _____

*Birth date: M___/D____/____ Gender: Male/Female Occupation: _____

Family Doctor: _____ phone #: _____

***How did you hear about us?** _____

***Reason for visiting Physio Village Clinic today**: _____

_____

Please list the healthcare services you are currently receiving:

❑Physiotherapy ❑Chiro ❑ Massage ❑ Acupuncture ❑ Osteopathy ❑Other_____

Emergency Contact Information:

Emergency Contact: _____ Relationship: _____

Email: _____ Phone#: _____

Insurance Coverage: ❑ Yes ❑ No Company: _____

*Have you taken any anti-inflammatory medication, painkillers (including aspirin, Advil etc.), muscle relaxants or mood altering medication within the past two hours? ❑ Yes ❑ No

If yes, what and how much? _____

Surgeries: (include year and type of surgery) _____

_____

Accidents: _____

Allergies: _____

Medications (please provide name and dosage): _____

_____

_____

Family Medical History_____

PATIENT INTAKE FORM

In the past month, have you had any of the following problems?

GENERAL
- ❑ Recent weight loss/ gain; how much__
- ❑ Fatigue, Weakness ,Fever ,Night sweats
- ❑ Diabetes
- ❑ High Cholesterol
- ❑ Cancer history
- ❑ HIV/AIDS/Hepatitis

MUSCLE/JOINTS/BONES
- ❑ Numbness
- ❑ Joint pain
- ❑ Muscle weakness
- ❑ Joint swelling

Where?

EARS
- ❑ Ringing in ears
- ❑ Loss of hearing

EYES
- ❑ Pain/ Redness/ Dryness
- ❑ Loss of vision
- ❑ Double or blurred vision

THROAT
- ❑ Frequent sore throats
- ❑ Difficulty in swallowing

NERVOUS SYSTEM
- ❑ Stroke (CVA)
- ❑Concussion
- ❑ Fainting or loss of consciousness
- ❑ Numbness or tingling
- ❑ Memory loss
- ❑Epilepsy

STOMACH AND INTESTINES
- ❑ Nausea
- ❑ Heartburn
- ❑ Stomach pain
- ❑ Vomiting
- ❑ Yellow jaundice
- ❑ Persistent diarrhea
- ❑ Blood in stools
- ❑ Black stools

SKIN
- ❑ Redness/Rash/Bumps
- ❑ Color changes of hands or feet
- ❑ Infectious conditions

Other:

PSYCHIATRIC
- ❑ Depression
- ❑ Excessive worries
- ❑ Difficulty falling asleep
- ❑ Difficulty staying asleep
- ❑ Difficulties with sexual arousal
- ❑ Poor appetite
- ❑ Frequent crying
- ❑ Sensitivity
- ❑ Thoughts of suicide / attempts

HEART AND LUNGS
- ❑ Chest pain, Palpitations, Fainting
- ❑ High/Low Blood Pressure
- ❑ Chronic Cough
- ❑ Asthma, Bronchitis , Emphysema
- ❑ Heart Attack/ Heart Failure
- ❑ Stroke

KIDNEY/URINE/BLADDER
- ❑ Frequent or painful urination
- ❑ Blood in urine

An accurate health history is important to ensure that it is safe for you to receive treatment. If your health status changes in the future, please be sure to let us know. This form must be updated annually. All information gathered for this treatment is confidential and will be released to other health care professionals or legal representatives only upon your written consent. Information may be shared with your other health care practitioners here at "Physio Village Clinic Inc." in order to maximize your health care goals. Please inform us if you *do not* wish for that to occur. Please be aware that you may request to stop or alter the treatment at any time for any reason and the therapist will comply with your wishes. **Although the utmost care will be taken to ensure safety and comfort for the patients, in the event of injury, our clinic, Physio Village Clinic Inc. will not be held liable for any reason.**

Refund and Cancellation Policy: Please note that **24 hours advance notice is required for cancellation of all appointments**; otherwise you will be charged **$50.00 for the missed visit.**

- I have read and understand the above and give my consent to be assessed & receive treatment and services provided by Physio Village Clinic Inc. By signing this section, I am subscribing to Physio Village Clinic Inc. newsletters & promotions. Additionally, I consent to pictures and videos to be taken of me at Physio Village Clinic. I understand that these pictures may be used in various marketing and social media only upon my written consent.

Name **Signature** **Date**