

Body Works Sports Physiotherapy

Patient Information Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____

Occupation: _____ Employer: _____

Type of work (office, manual labour, computer): _____

Sporting activities: _____

Reason for consultation: _____

How were you referred to us: _____

Family Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Emergency Contact: (name & phone #) _____

Consent to Treatment & Release of Medical Information

I, _____ consent to undergoing the assessment and treatment prescribed by Body Works Sports Physiotherapy and its registered physiotherapists. I, _____, give Body Works Sports Physiotherapy and its registered physiotherapists my consent to release/obtain medical information relating to my treatment from the following individuals:

Physician (s): _____ Initials

Specialist: _____ Initials

Other: _____ Initials

Signed: _____

Date: _____

Cancellation and No Show Policy

In order to offer you quality service, we require **24 hours** notice of any changes to your appointment. This 24 hour notice allows us to offer your appointment to someone else on our waiting list.

If you cancel with less than 24 hours notice a cancellation fee equal to the full amount of your visit will be charged unless we are able to fill your spot. If we are able to fill your spot on short notice, we would be pleased to waive the cancellation fee. If you do not arrive for an appointment and do not call outside of 24 hours you will be charged for the full cost of the appointment. Your cooperation is greatly appreciated.

Treatment Information

Physiotherapy treatment techniques may include, but are not limited to: manual techniques, spinal manipulation, electrotherapeutic modalities and exercises as well as other techniques such as acupuncture and IMS. A number of these may be recommended during your program. To ensure the benefits, side effects, and potential complications of each chosen modality are understood, it is the policy of Body Works Sports Physiotherapy that the treatment technique be explained to you by your physiotherapist before use, as your participation in all aspects of the program is imperative to success.

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 have read, understood and agree to the above statements and as such agree to participate in an assessment and treatment program at Body Works Sports Physiotherapy I understand that for the duration of my treatment, my consent may be withdrawn at any time and that I must inform my physiotherapist.

Note: if the patient is under the age of 18 a parent or guardian must sign for them.

Signed: _____

Date: _____

