



Physio Sport Plus

Patient Last Name: _____ **First name:** _____
Address: _____
City: _____ **Postal code:** _____
Phone number: work: _____ **home:** _____ **cell:** _____
Date of birth: (d/m/y): _____
Contact number if you are under 18: _____
Check if you wish to receive by email : our newsletters appointment reminders
 communications with your therapist
E-mail address : _____

1-Who referred you to Physio Sport Plus: _____

2-Name of your family physician: _____

3-Do you consent to us sending an evaluation and discharge report to your referring and/or family physician yes no

4-You are here for what kind of injury or what part of your body is injured? _____

5- Please mark if any of the following apply to your general health:

| | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood pressure |
| <input type="checkbox"/> Cardiac problems | <input type="checkbox"/> Cancer Treatment _____ |
| <input type="checkbox"/> Currently pregnant. Number of weeks _____ | <input type="checkbox"/> Surgery _____ |
| <input type="checkbox"/> Stomach Problems/ reflux | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Pace maker | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Other | |

Allergies: _____

I have health problems other than those mentioned above.

Specify: _____

I am generally in good health.

6- Is this injury the result of a car accident? no yes ,

Is this injury work related? no yes

If this is WSIB or MVA please notify the front desk

Cancellation and No Show Policy

You have to give us a 24hrs notice to reschedule an appointment or else a **\$25.00** fee will be added to your personal account. This same fee will be **added** if you do not attend an appointment without prior notice.

I understand this policy. **Signature** _____ **Date:** _____

I acknowledge that I am responsible for the payment of all services I received at Physio Sport Plus

Signature: _____ **Date:** _____