

Last Name (at birth): _____ First Name: _____

Date of birth: _____ A / M / J _____ Health Insurance #: _____

Address: _____ City : _____ Postal Code: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Email: _____ Occupation: _____

I authorize the clinic to communicate with me by email and text message: yes _____ no _____

I wish to have my appointments confirmed (priority 1-2-3): email _____ phone _____ text message _____

Family doctor : _____ Address of practice : _____

Do you have a prescription for physiotherapy given by a doctor? yes _____ no _____

Name of doctor (if different from family doctor): _____ Address of practice _____

I authorize the clinic to communication with my doctor: yes _____ no _____

How did you find out about our clinic?

My doctor A patient (please add name) Internet _____ (Google, Facebook, other) _____

Physioactif's evening sessions Physio Walk by

Name of reference: _____

MEDICAL HISTORY

YES NO YES NO

	YES	NO		YES	NO
Allergies : _____			Fibromyalgia		
Cancer : _____			Light, sounds, and/or medication sensitivity		
Diabetes			Irritable bowel syndrome / food sensitivity		
Do you have a pacemaker?			Chronic fatigue		
AIDS/HIV			Migraines /frequent headaches		
Are you pregnant ?			dizziness / vertigo		
Unexplained weight loss : _____ lbs			Anxiety		
Heart condition (high blood pressure, etc.)			Depression		
Circulatory disease (Raynaud disease, phlebitis, etc.)			High stress / chronic		
Hormonal disease (thyroide gland, etc.)			Post-traumatic stress disorder / important trauma		
Pulmonary disease (asthma, shortness of breath, etc.)			Addiction (cigarette, alcohol, drugs, etc.)		
Neurologic disease (epilepsy, stroke, multiple sclerosis, etc.)			ADHD		
Kidney or liver disease			Motor vehicle accident / work, date : _____		
Bone disease (arthrosis, rheumatoide arthritis, osteoporosis, etc.)			Other diseases : _____		

Are you taking medications (prescribed or over the counter) and for what condition(s)?

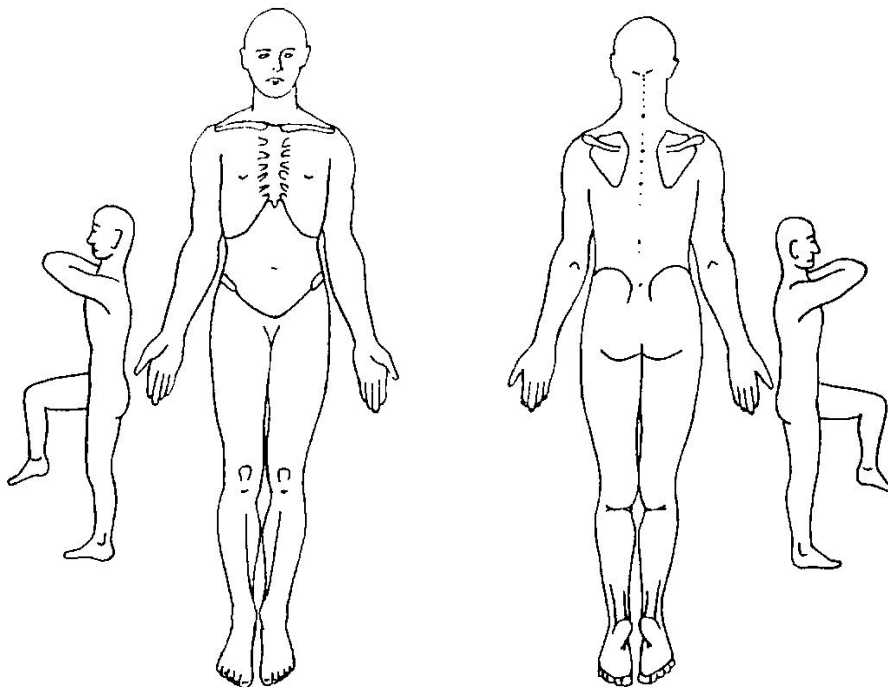
SPORTS/ACTIVITIES : _____

I declare that I have read this form and that I completed it to the best of my knowledge.

Patient signature: _____ Date: _____

Current symptoms

Color the regions where you feel pain, numbness, tingling or heaviness.



Medical and injury history

In the following list, indicate where you have a suffered a past injury.

Foot/ankle	Calf	Knee	Thigh	Hip	Pelvis	Lumbar region
Thoracic region	Ribs	Neck / head, « whiplash »	Concussion	Shoulders	Elbow	Forearm, hands, fingers

Region and <u>date</u> of injury (ies)	Comments (necessary interventions, duration of recovery, after-effects still present, etc.)
Region and <u>date</u> of surgery (ies)	
Pregnancy (ies) and date (s)	Comments (C-section, epidurales)

Attendance Policy

In order to offer our best services and availability to all our customers who need and want to benefit from our care, we have set up an Attendance Policy. Please read carefully.

If you have an unforeseen event that could cause a delay

Please give us a call as soon as possible. The time remaining will be still available for you. It is impossible for us to accommodate all delays and allow all patients to benefit of their complete time of treatment.

Plan ahead, monitor the weather, the traffic and your work schedule to avoid missing valuable time with your physiotherapist. We will tolerate no exception under this policy.

Cancelation

Out of respect for our physiotherapists and other patients, it is important that you notify the clinic 24 hours before your appointment. This gives us the opportunity to offer the appointment slot time to another patient who is in pain and waiting for our care.

If you need to cancel your appointment, either by phone (a voicemail is available 24/7) or by email. It is impossible to cancel appointments through SMS.

Twenty-four hours before your appointment, the clinic sends you a courtesy appointment reminder by email, SMS or phone call. If you do not receive this reminder, you should still arrive at the scheduled time for your appointment and advise us that you did not receive it. This reminder is a tool to help you remember that you have a scheduled appointment. In any case, the attendance policy will apply.

Fees

If you fail to notify the clinic at least 24 hours before your appointment or if you do not attend, a fee of \$49* will automatically be applied and will be payable before your next appointment.

By signing below, I help Physioactif help as many people as possible who are in need of their services.

Signature

Date

*Please note that those fees vary according to the actual pricing.