REGISTRATION

(provincial regulations require us to evaluate any new condition and/or re-evaluate your present condition if you haven't received any treatments in the past 4 weeks)

Date :

1. Personal information

Last Name (at birth) _____ First Name _____ Date of birth _____

Address _____ City _____ Prov. _____ Postal Code _____

Home phone _____ Work phone _____ Cel phone _____ e-mail (important) _____

2. Appointment reminders

I want to receive appointment reminders by:
☐ text ☐email ☐ both text and email

Please note that at the initial appointment, your physiotherapist will recommend a certain number of follow-up appointments.
We strongly recommend that you schedule those appointments at that time and **reserve** those times for you. Our schedule tends to fill up very quickly.

3. Payment information

☐ CSST: fees are covered by the CNESST
☐ SAAQ : fees are covered by the SAAQ
☐ Initial visit (includes evaluation and treatment) $110 , subsequent visits are $103

*In Quebec, both physiotherapists (pht) and Physiotherapy Technologists (T. Phys.) are authorized to provide physiotherapy treatments. We use both…it's **your responsibility** to check with your insurance provider to determine if you are covered by either or both of these professionals.*

☐ Physio vertigo or neuro : $135

4. Medical information

Reason for your consultation :_____
Were you referred by a doctor? Yes / No Name ?_____
Medication presently being taken :_____
Allergies :_____
Present or past health conditions :

☐ arthritis	☐ osteoporosis	☐ cardiac/circulation	☐ diabetes
☐ surgery	☐ metal implants	☐ cancer	☐ sudden weight loss
☐ recent virus/infection	☐ pacemaker	☐ neurological	☐presently pregnant
☐cochlear implant			

- By signing this form, you are consenting to receive physiotherapy treatments
- According to the area being treated, you may wish to bring shorts or a tee-shirt. We will provide you with a treatment gown if necessary.
- We aim to be very punctual…please help us attain this goal by not being tardy.
- **A $35 cancellation fee will apply if you do not notify us 24 hours in advance**.
- Not coming to an appointment, without the courtesy of a phone call, is considered bad. Someone else could have benefited from the time slot we had reserved for you.
- Limited and discreet use of a cellular phone is OK.
- Your young children may accompany you during your treatment, provided they are able to stay by your side and not disrupt the other patients. You assume all responsibility for their safety.
- Please plan around 45 minutes for your treatment, however this may vary depending on your condition

_____ _____
signature date

Thank you for choosing us as a partner in your health