



PHYSIOTHERAPY REGISTRATION FORM

Important Information for our patients:

- Coverage: Alberta Health and local Health Regions do not cover all aspects of Physiotherapy treatment. Please ask the receptionist whether your condition may qualify for limited government funding. The receptionist can also explain how much you will be required to pay for physiotherapy services not covered by government funding.
- Clients are responsible for submitting their receipts to their extended health plans for re-imbusement.
- Haven't seen us for 3 months or more? ALL patients will be required to obtain a New Assessment as per clinic policy. This includes the New Assessment fee.
- Private billings can be paid by Cash, Cheque, Debit or Visa/MC at the time of treatment.
- Please avoid unkept or late appointments. Contact the receptionist as early as possible if you can not make your scheduled appointment. **A \$30 fee will be levied for unkept appointments and same day cancellations.**

Name <i>(Last) (First) (middle Initial)</i>			Birth Date <i>dd/mm/yy</i>		
Address <i>City Province Postal Code</i>					
Phone (H):		(W):	(C):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Personal Health No.			Email:		
Referring Physician			Family Physician:		

Question	Yes	No	
1. Do you CONSENT to us sending assessment and treatment information to your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Did this current problem involve a FRACTURE? If Yes, type of fracture: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. Did this current problem involve SURGERY? If Yes, type of surgery: _____ Date of Surgery: _____ Surgeon: _____ Hospital: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you had previous treatment for this current injury? (Physio, Chiro, Massage, Accup.) If Yes, is it ongoing care? If yes, when? _____ Where? _____ Who? _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is this injury the result of a Motor Vehicle Accident (MVA)? If yes, date of the accident? Insurance Co: _____ Policy # _____ Claim # _____	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is this a Workers Compensation Board claim? If yes, date of accident? Claim # _____ Case worker's Name: _____ Phone# _____	<input type="checkbox"/>	<input type="checkbox"/>	
7. Please check any of the following which apply to you.			
<input type="checkbox"/> Allergies (latex, enviro)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Metal Implant	<input type="checkbox"/> Recent Surgery
<input type="checkbox"/> Blood Thinners	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Vertigo/Dizziness
<input type="checkbox"/> Cancer	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Other:

This information is collected under the authority of The Health Information Act. This information is used to ensure appropriate assessment and treatment services can be provided and billed accordingly. For more information, please contact the Sport Medicine Centre Privacy Officer at (403) 220 7037



PHYSIOTHERAPY CONSENT FORM

Consent to be assessed by a licensed Physiotherapist:

We ask you to INITIAL in the space below in acknowledgement and understanding of your consent to initial physiotherapy ASSESSMENT which may involve the physiotherapist asking you questions, observing the injured region, examining your movement and posture, measuring your joint range of motion and muscle strength, assessing your nervous and vascular system. You are free to ask questions during the assessment and understand that you can stop the assessment at any point. If you are under the age of 18 years, this must be INITIALED by your parent or legal guardian.

Please INITIAL if you agree to being ASSESSED by a licensed Physiotherapist: _____

Consent to be treated by a licensed Physiotherapist:

We ask you to INITIAL in the space below in acknowledgement and understanding of your consent to physiotherapy TREATMENT (following the physiotherapy assessment) which may, but are not limited to, any of the following physiotherapy treatments: soft tissue massage, joint mobilization or manipulation, spinal stimulation, electrotherapeutic modalities, thermal modalities, acupuncture, intramuscular stimulation, exercise, taping and education. Your therapist will explain to you the potential benefits, side effects and risks associated with each treatment technique prior to its usage. You are free to ask questions at any time before, during or after your treatment and subsequent reassessments. Please understand that you have the right to decline any treatment option provided to you or you can stop the treatment and subsequent reassessments at any point in time. If you are under the age of 18 years, this must be INITIALED by your parent or legal guardian.

Please INITIAL if you agree to being TREATED by a licensed Physiotherapist: _____

Late Cancellation, Missed Appointment, Late Arrival Policy

The University of Calgary Sport Medicine Centre has gained worldwide recognition for its clinical and research programs. As such, patients must often wait before being able to access our services. It is important for us to minimize the number of late cancellations or missed appointments – which prevent other patients from receiving care in a timely manner.

Please call at least 24 hours in advance if it is necessary for you to cancel or change your scheduled appointment. Messages indicating your need to alter your scheduled appointment time can be left during or outside of normal business hours by phoning our main physiotherapy number: 403-220-8232.

- Please be aware the Centre has the right to refuse treatment & ask you to re-book your appointment if you arrive 10 min LATE for your scheduled appointment time.
- 1st No Show – patient will receive a phone call from the clinic alerting them that they have failed to show for an appointment.
- 2nd No Show – a letter will be sent to patient along with a copy of the clinics No Show Policy. The patient will also be invoiced \$30.00 for the 2nd missed appointment.
- Two No Shows will result in a temporary suspension of appointment booking privileges until fee is paid.
- 3rd No Show – The patient may be dismissed from their regular physiotherapy practice. Patient dismissal is at the discretion of your physiotherapy provider.

Please note: medical benefit plans do not cover missed or late cancellation fees.

Please INITIAL to indicate you understand our late cancellation/missed appointment/late arrival policy. _____

CONSENT to Assessment, Treatment & Payment for services rendered as described above:

We ask you to sign in the space below to acknowledgment that you read, understood and agree with the sections above bearing your initials. Your signature also indicates that you understand your obligation and liability for all costs incurred by you at this clinic. If you are under the age of 18 years, this must be signed by your parent or legal guardian.

SIGNATURE _____ DATE _____

PRINT PATIENT NAME _____ WITNESS* _____

*receptionist will witness if you are by yourself