WELCOME NEW PATIENT

First & Last Name

Address

City Postal Code

Telephone (B) (H) Fax

Email

Date of Birth Day Month Year

Doctor Telephone

How did you hear about Personal Best?

❑ Family Physician ❑ Specialist ❑ Friend ❑ Advertisement ❑ Other

RELEASE OF INFORMATION

By signing this form, I authorize Personal Best Physiotherapy to obtain/ release medical information pertaining to myself

Please write the name of your doctor, Insurance Co., Rehabilitation Co. above

Cancellation Policy:

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapist's day that could've been filled by another patient. As such, we require 24 hours notice for cancellations or changes to your appointment.

❑ *I understand that 24 hour notice for any change or cancellation to my appointment is required. Patients who provide less than 24 hours notice, or miss their appointment will be charged a cancellation fee at FULL amount for their session.*

Patient Signature Date

This Clinic is not covered by OHIP and does not accept WSIB or MVA Claims

CONSENT TO TREATMENT

We want your informed consent. This means that we want you to understand the services we provide and how we use your personal information.

ASSESSMENT AND TREATMENT

I consent to assessment and treatment by a member of the clinical staff at *Personal Best Physiotherapy*. I am responsible for deciding whether to follow the recommendations made by a clinician. I understand that I may not respond to treatment recommended. I understand that I may ask questions related to my conditions, assessment results and treatment recommendations.

Patient Signature Date

COLLECTION AND USE OF PERSONAL INFORMATION & PRIVACY POLICY

I understand to complete my assessment and provide services, staff will collect some personal information about me. I agree to *Personal Best Physiotherapy* collecting, using and disclosing personal information about me as required to my physician, allied health care providers involved in my care, insurance provider or third parties payers if applicable

I understand that information collected during the course of treatment will be kept secure in a locked area. I understand that a request to release information will be made for all instances and information will be transferred in a secure manner. I understand that personal information such as my date of birth, home address and telephone number will be collected and will be kept confidential. I understand how this Privacy Policy applies to me and have been given a chance to ask questions related to this policy.

I am willing to have Personal Best Physiotherapy communicate with me via telephone or email: ❑ Y ❑ N

The Health Information Custodian (HIC) of this chart is Personal Best Physiotherapy.
Personal Best Physiotherapy
1240 Bay Street, Suite 206
Toronto, ON M5R 2A7

INFORMATION ON THE COST OF OUR SERVICES

WSIB/OHIP/MVA does not cover any of our services. In some cases extended health insurace will cover costs. It is the patient's responsibility to verify their insurance coverage. The patient is responsible for full payment to *Personal Best Physiotherapy* for goods and services provided at the end of each appointment.

CLINIC FEES

Physiotherapy/ Pilates Rehabiliation with a registered Physiotherapist

- Assessment 60 minutes $120
- Follow Up 45 minutes $85
- Follow Up 30 minutes $75
- Reassessment over 1 year $120
- Reassessment over 3 months $110

Massage Therapy with a Registered Massage Therapist

- 30 minutes $60+HST = $67.80
- 60 Minutes $90+HST= $101.70

Forms, Letters, Telephone consultations

- Basic $25+HST= $28.25

Today's Date

Patient Signature

Patient Name *print clearly*

If the patient has a legal guardian, please provide

Legal Guardian Signature

Legal Guardian Name *print clearly*

PHYSIOTHERAPY AND YOU

Please briefly write in your own words the primary reason for your Physiotherapy consult
e.g. back & leg pain

Have you been to physiotherapy in the past? ❑ Yes ❑ No
If yes, briefly explain for what condition and type of therapy *e.g. manual therapy, machines, exercises*

Are you currently taking any medication? ❑ Yes ❑ No
Please list

Have you had any surgeries in the past? ❑ Yes ❑ No
Please list

Do you current have or have a history of any medical condition(s)? Please check all that apply

- ❑ Broken Bones/ Fractures
- ❑ Stroke
- ❑ Kidney Problems
- ❑ High Blood pressure
- ❑ Respiratory/ lung problems
- ❑ Fibromyalgia
- ❑ Shortness of breath
- ❑ Insomnia/ difficulty sleeping
- ❑ Hip pain
- ❑ Shoulder pain
- ❑ Jaw pain
- ❑ Allergies:
- ❑ Recent Infection *eg. Chest, UTI*
- ❑ Diabetes
- ❑ Skin diseases
- ❑ High cholesterol
- ❑ Cancer
- ❑ Pace maker
- ❑ Incontinence/ lack of bladder control
- ❑ Neck pain
- ❑ Knee pain
- ❑ Wrist/ hand pain
- ❑ Heart Attack
- ❑ Thyroid problems
- ❑ Heart disease
- ❑ Osteoporisis
- ❑ Depression
- ❑ Dizziness
- ❑ Headaches
- ❑ Low back pain
- ❑ Ankle/ foot pain
- ❑ Mid back pain
- ❑ Other:

Do you currently or have a history of being a smoker? ❑ Yes ❑ No
Have you had any of the following medical images? ❑ Yes ❑ No

Please list including for what condition

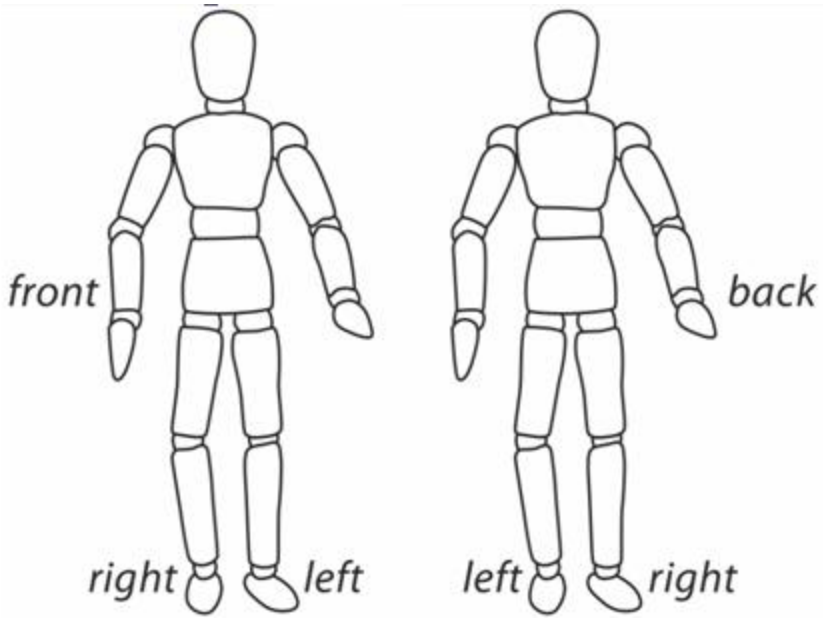
❑ X-ray ❑ Diagnostic ultrasound ❑ CT scan ❑ MRI ❑ Other

NAME: _____

DOB: _____

COMPLAINTS AND SYMPTOMS

Please Identify on diagram where experiencing symptoms and what type. Example:
Pins & needles, stabbing pain, burning pain, achey pain or other



PAIN BEHAVIOUR

Select all that apply:

My pain is

❑ Improving ❑ worsening

❑ The same ❑ constant

❑ Intermittent – comes and goes

What activities/ movements makes your pain:

Worse

Better

PAIN SCALE

How severe are your symptoms?

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10

No Pain — Unbearable pain

Please tell us what your 3 primary goals are or wat you wish to achieve with your Physiotherapy treatments *e.g. return to playing tennis 3X a week, be able to walk for 30minutes, eliminates headache*

FOR FEMALE PATIENTS ONLY

Are you currently pregnant or think you might be pregnant? ❑ Yes ❑ No

THANK YOU for taking the time to share this information with us.

The Health Information Custodian (HIC) of this chart is Personal Best Physiotherapy.

Personal Best Physiotherapy
1240 Bay Street, Suite 206
Toronto, ON M5R 2A7