



Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Occupation: _____

Home Phone: _____

Mobile/Work Phone: _____

Email: _____

I would like to receive appointment reminders by:

- Email Text Message N/A

I would like to receive electronic communication from Peak Form Physiotherapy:

- Quarterly Community and Clinic Newsletter
 Invitations to Events and Seminars/Classes
 N/A

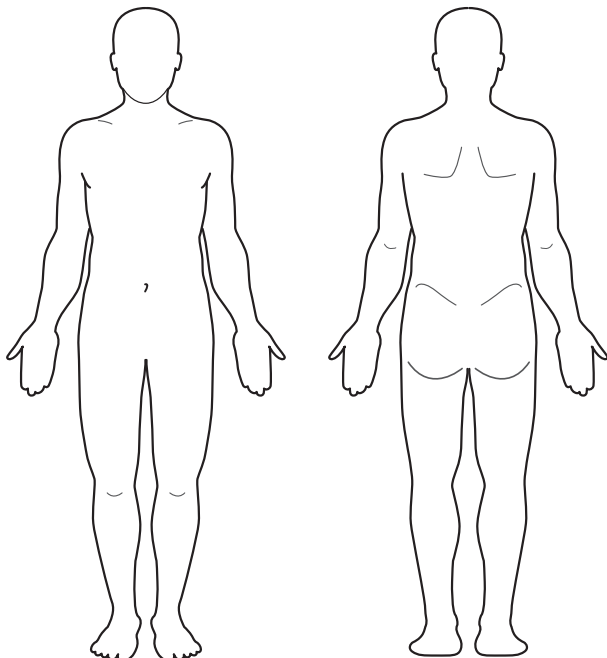
Date of Injury (DD/MM/YYYY): _____

Area of Injury or Pain: _____

Injury Type: Work MVA Sports

Other: _____

Indicate the Location of Injury or Pain:



Name of Family or Referring Physician: _____

Physician's Address and Phone Number: _____

Emergency Contact (Name and Number): _____

How did you find us?

- Family Doctor Specialist Insurer
 Google Search Website Sign
 Other: _____
 Family/Friend (Name): _____

Medical History (Check Those That Apply):

- Diabetes
 Osteoporosis or Osteopenia
 Hypertension or Heart Disease
 Cancer or a History of Cancer
 Pacemaker
 Epilepsy
 Pregnant
 Respiratory Conditions
 Smoker

Please list any allergies or sensitivities: _____

Please list the location of any metal implants: _____

Please list medications and reasons for taking: _____



CANCELLATION AND MISSED APPOINTMENT POLICY

We understand that unforeseen circumstances arise and you may need to cancel an appointment. We respectfully ask for appointments to be cancelled at least 24 hours in advance by email, phone, or through our online booking system. **For same day cancellations or missed appointments, a standard missed appointment fee equal to the full fee of the scheduled appointment will be charged.** Please note, this fee cannot be charged to your extended health care insurance plan.

Automated email and text reminders are offered as a courtesy to our clients who have opted in for this service. Please do not rely solely on this service to keep track of or to avoid missing appointments. For late arrivals or if you request to leave before your scheduled appointment time is over, please note that the full appointment fee will still apply.

We understand that your time is valuable and we make every effort to see clients at their scheduled time. Due to the nature of our work, unexpected delays may occur. In the event of an unexpected delay, please be assured that your full treatment time will still be fulfilled. Thank you for patience and for helping us maintain a high level of service for all our clients.

INSURANCE COVERAGE AND PAYMENT POLICY

The amount of coverage and yearly maximum allowance for physiotherapy and massage therapy treatments varies depending on your extended health care plan. Acupuncture services rendered by our physiotherapists are not eligible for coverage under acupuncture but are eligible under physiotherapy treatments. It is your responsibility as the policy holder to confirm the details of your coverage with your insurance company.

Payment is due in full by cash, Debit, Visa, or Mastercard at the end of each treatment session and a receipt will be provided. You can submit this receipt to your insurance company for reimbursement, if required.

THE COLLECTION, USE, AND DISCLOSURE OF PERSONAL HEALTH INFORMATION AND PRIVACY POLICY

I consent to receiving physiotherapy and rehabilitation services including assessments and treatments from the therapists at Peak Form Physiotherapy. I understand that participation in Peak Form Physiotherapy's services requires personal health information to be collected.

Peak Form Physiotherapy will act as a Health Information Custodian (HIC), responsible for collecting, using, and disclosing personal health information on behalf of clients/patients, and comply with all policies and procedures within the Personal Health Information Protection Act (PHIPA) and Personal Information Protection and Electronic Documents Act (PIPEDA) guidelines.

I have reviewed Peak Form Physiotherapy's privacy policy (available upon request) about the collection, use, and disclosure of personal health information, steps taken to protect the information, and my right to review my personal information. I agree to Peak Form Physiotherapy collecting, using, and disclosing my personal health information as set out in their privacy policy. I authorize Peak Form Physiotherapy to release to my insurance company and/or physician any and all information they may require pertaining to my participation in the services at Peak Form Physiotherapy.

By agreeing to receive email or text reminders, community and clinic news, or invitations to events, I consent to receive electronic communication from Peak Form Physiotherapy in accordance to Canada's Anti-Spam Law (CASL).

I understand, consent, and agree to abide by the policies outlined above:

Client Name (Print)

Client Signature

Date