



**Date:** \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name(s) Last Name Preferred name

**Address:**

\_\_\_\_\_  
Number Street Apt City Province Postal Code

\_\_\_\_\_  
Personal Health Number DOB (Day/Month/Year) Age

\_\_\_\_\_  
Home Phone Number Cell Phone Number Email

Occupation: \_\_\_\_\_ Gender (circle one): M / F / Other

**Referring Physician:** \_\_\_\_\_ **Family Physician:** \_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_  
Name Phone Relationship

**How did you find us?**  Doctor  Family  Friend  Sign in Superstore  Online  
 Other: \_\_\_\_\_

**ICBC Patients Only**

Claim #: \_\_\_\_\_ Date of Injury (DD/MM/YY): \_\_\_\_\_  
Adjuster Name: \_\_\_\_\_ Adjuster Contact Info: \_\_\_\_\_

**WorksafeBC (Worker's Compensation Board) Patients Only**

Claim #: \_\_\_\_\_ Date of Injury (DD/MM/YY): \_\_\_\_\_  
WorksafeBC Claim Owner: \_\_\_\_\_ Contact Info: \_\_\_\_\_  
**Work Information**  
Occupation: \_\_\_\_\_ Currently Working (circle one): Y / N  
Company Name: \_\_\_\_\_ Company Telephone #: \_\_\_\_\_  
Company Address: \_\_\_\_\_





## Payment and Cancellation Policy

- Payments to be collected by the end of each visit, or if you prefer you may pay in advance.
- You will be charged if you miss or cancel an appointment with less than 24 hours' notice.
- If you are more than 15 mins late you may forfeit your appointment time
- Insurers including ICBC, WCB (WorkSafeBC) and extended health insurance providers do not pay for missed, late or cancelled appointments so you will be responsible for the charges personally.

## Fees

### Private fees

Our private Physiotherapy fees are \$70 for the initial session and \$65 for each subsequent visit. Registered Massage Therapy treatment fees are \$60 per 30 mins (GST included).

Extended insurance plan coverages differ widely so please check with your private insurer to confirm your specific coverage details. At the present time we bill directly to some extended health insurers as a courtesy for our clients. If we encounter difficulty with the online submission, it is ultimately your responsibility to ensure you have sufficient coverage and you always have the option of submitting your receipts on your own directly to the insurer.

### MSP

To qualify for Premium Assistance with the Medical Services Plan (MSP) you must make below \$26,000 per year. Clients qualifying for MSP Premium Assistance are allotted 10 visits/year (combined physiotherapy, chiropractic, massage, podiatry, acupuncture,) eligible patients are charged a \$25 user fee per physiotherapy session and \$37 for 30 mins of massage therapy. Please remember to bring your Care Card to your appointment so we can verify your coverage.

### ICBC

Clients seeking our services after a motor vehicle accident are charged a user fee of \$30 per session for physiotherapy and \$37 for 30 mins of massage therapy. Please note that you will require a valid claim number and pre-approval from your adjuster at ICBC in order to receive this reduced rate (clients without approval or claim number will be charged our normal rate). Please remember to bring your B.C. Care Card to your appointment.

### WCB (WorksafeBC)

Clients seeking physiotherapy services after a work-related injury do not pay any user fee. Please note that you will require a valid claim number from WorksafeBC and valid BC care card number in order to receive this reduced rate (clients; with a pending claim, claim under appeal, on hold for any other reason or without a claim number, will be charged our normal private rates).

**Note:** The client/patient is ultimately responsible for non-payments by any third-party payers'. This may be due to unforeseen changes in coverage, exceeding the allowable coverage or any other reason.

## Patient Consent to Release of Information

All patient information is considered confidential and used solely for the purpose of providing care and management of your account. South Vancouver Physiotherapy Clinic may need to contact some or all of the following people to allow successful injury recovery and payment of accounts.

- Physician/Health provider • Insurance company • WorkSafeBC and employer (WSBC claims) • Insurance adjuster/lawyer (MVA claims)

By signing this document, you agree to allow South Vancouver Physiotherapy communicate as needed with these individuals regarding my care and payment of the account. (Signature at the bottom of next page)



## Consent to Treatment

PHYSIOTHERAPY/MASSAGE/KINESIOLOGY treatment techniques may include but are not limited to: hot/cold therapies, ultrasound, electrotherapeutic modalities, hands on manual techniques, joint manipulation, acupuncture as well as therapeutic exercises to assist in your recovery. The aims of physiotherapy are to reduce swelling, reduce pain, increase strength, and improve function. Your physiotherapist will work within their scope of practice to the best of their abilities to offer effective treatment. Your treatment provider will explain the benefits, potential risks and side effects to you before proceeding. Note: The initial assessment and some treatments may temporarily increase pain. Results can't be guaranteed and the therapist will not accept liability for the results of the treatment.

I understand that physiotherapy is being provided for the purpose of assisting with pain, healing and/or function. My medical history is true and I will tell my therapist if any part of the medical history changes during the course of my treatment. I have been informed of the benefits, risks, and potential side effects of treatment along with possible alternatives. I have the right to stop or change treatment at any time.

Throughout your recovery program, any questions or concerns you may have about any recommended treatment must be shared with your physiotherapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in course of treatment, please tell your physiotherapist immediately.

ACUPUNCTURE/INTRAMUSCULAR STIMULATION/FUNCTIONAL DRY NEEDLING uses fine flexible needles to treat pain and peripheral nerve dysfunction. Any time a needle is used there is a very small risk of infection, bleeding, and temporary increase in pain and in rare cases pneumothorax. Our clinicians are certified and registered and will do their utmost to mitigate any risks in order to give you the best result. Please ask your therapist if you have any additional questions.

CERVICAL SPINE MANIPULATION AND MANUAL THERAPY: I understand that manipulation (including spinal and peripheral joints) is a skillful passive high velocity, low amplitude, minimal force thrust movement of a joint beyond its physiological limit of motion but inside the limits of its anatomical integrity for the purpose of restoring motion and function. I understand that there are risks associated with cervical spine manipulation and manual therapy techniques used by physiotherapists who are Fellows of the Canadian Academy of Manipulative Physiotherapy, including: 1. Exacerbation and aggravation of symptoms including increased pain and stiffness; 2. Muscle or ligament strains or sprains; 3. Muscle spasms; 4. Bruising; 5. Dizziness or vertigo; 6. Vertebral artery dissection; 7. Spinal disc injury including disc herniation and bulges; 8. Fractures; 9. Stroke; 10. Death; 11. Spinal cord injury, myelopathy, central cord syndrome, or quadriplegia; 12. Neurological injury or impairment including radiculopathy, paraesthesia, numbness, tingling, pins and needles, and radiating pain in an upper extremity.

I acknowledge I have informed my physiotherapist of: 1. All my health issues and concerns (past and present) including malignant and inflammatory diseases, suspected fractures, osteoporosis, and mental disorders; 2. All medication I am currently taking or have been prescribed including steroids and anti-clotting agents (anticoagulants); 3. All other medical professionals or treatment providers that I am currently seeing.

I understand and agree with the criteria above as such agree to participate in assessment and treatment program. My consent is voluntary for the entire course of assessment and treatment, commencing on the date indicated below. I understand that I may ask questions at any time, and that my consent may be withdrawn in writing at any time, except for actions already taken.

I have read and understand this form and give my consent to assessment and treatment.

Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_