



Personal Information:

Please note: All fields are mandatory

Name (first/last) Birth date (day/month/year)

Address Postal Code

Mobile Phone Work Phone Home Phone

Email (Required for appointment reminders and communication) Health Card Number

Emergency Contact Phone

Referring Physician Family Physician

How did you find us? Physicians referral Friend/family Online search (website: _____)
 Sign in Superstore Other: _____

Medical Information:

Previous accidents, injuries or surgeries

ALL current medications

Height Weight Sex: M F Other Dominant Hand: Right Left

Please check off any of the following health issues that you may have:

- Skin conditions Pacemaker High blood pressure Dizziness
- Pregnancy Numbness Falls Joint replacements
- Breathing difficulties Circulation problems Stroke/TIA Rapid weight loss
- Fibromyalgia Osteoporosis Diabetes Arthritis
- Heart disease Chronic fatigue syndrome Cancer or malignancy Bowel/Bladder problems
- Other? _____



Are your injuries related to a **car accident**? Yes No

Date of accident

ICBC Claim #

Adjustors contact info

Are your injuries **work related**? Yes No

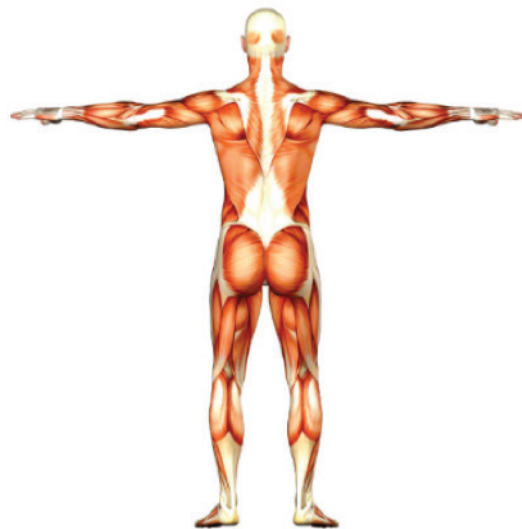
Date of accident

Claim #

Adjustors contact info

Injury:

Please **CIRCLE** the painful/injured area(s) above on the diagram and indicate **xxx** for areas with numbness or tingling.



Area injured?

Date injured?

How did the injury happen?

Things that make the pain worse? (ie position or activity)

Things that make the pain better?

Things you can't do due to the injury?

Other treatments that you have tried? (type? when? frequency?)

Other information about the injury?



Payment and Cancellation Policy

- Payments to be collected by the end of each treatment.
- If you miss or cancel an appointment with less than 24 hours' notice you will be charged a \$65 no show/cancellation fee.
- Insurers including ICBC and WCB (WorksafeBC) do not pay for missed/late cancelled appointments so you will have to pay the cost personally.

Fees

Private fees

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

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 to the insurer directly. Client is responsible for insurance non-payments.

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. Client is responsible for MSP non-payment.

ICBC

Clients seeking our services within 3 months of a motor vehicle accident are eligible for 25 physiotherapy, 12 Massage Therapy and 12 Active Rehabilitation sessions covered by ICBC. Please note that you will require a valid claim number and pre-approval from your adjuster at ICBC in order to receive these benefits (clients without approval or claim number will be charged our normal rate). Please remember to bring your B.C. Care Card to your appointment. Client is responsible for ICBC insurance non-payment.

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 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). Client is responsible for WSBC non-payment

Note: The client/patient is ultimately responsible for non-payments by any/all 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.

I agree to allow South Vancouver Physiotherapy communicate as needed with these individuals regarding my care and payment of the account.

(Signature at the bottom)

- Physician, specialist, insurance company
- WorksafeBC and employer (for WSBC claims)
- Insurance adjuster and/or lawyer (for MVA claims)
- ICBC

South Vancouver Physiotherapy Clinic

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F 604-259-2268

E contact@southvanphysio.com
W www.southvanphysio.com



Consent to Treatment

PHYSIOTHERAPY/MASSAGE therapy includes hands on treatment, modalities (ice, heat, ultrasound, muscle stimulation, acupuncture) as well as exercises to assist in your recovery. Aims of physiotherapy are to reduce swelling, reduce pain, increase strength, and improve function. All information will be considered confidential and treated as such. Your physiotherapist will work within their scope of practice to the best of their abilities to offer effective treatment. 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.

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 more 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:

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|---|--|--|
| 1. Exacerbation and aggravation of symptoms including increased pain and stiffness; | 6. Vertebral artery dissection; | 10. Neurological injury or impairment including radiculopathy, paraesthesia, numbness, tingling, pins and needles, and radiating pain in an upper extremity; |
| 2. Muscle or ligament strains or sprains; | 7. Spinal disc injury including disc herniation and bulges; | 11. Stroke; |
| 3. Muscle spasms; | 8. Fractures; | 12. Death. |
| 4. Bruising; | 9. Spinal cord injury, myelopathy, central cord syndrome, or quadriplegia; | |
| 5. Dizziness or vertigo; | | |

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

Print name

Client signature