DURHAM PELVIC HEALTH PHYSIOTHERAPY
Joint Action Physiotherapy & Wellness Centre: 670 Taunton Road East, Whitby, 289-274-5399
Harmony Health & Well-Being: 231 King Street East, Oshawa, 905-987-4533
HALO Medical Clinic: 2727 Courtice Road, Courtice, 905-987-5433
Newcastle Village Physiotherapy: 87 Mill Street, Newcastle, 905-987-4533

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: M _____/D _____/Y _____ Occupation: _____

Street: _____

City: _____ Postal Code: _____

Home Phone: ( ) _____

Cell: ( ) _____ Work: ( )_____

Email Address: _____

Family Doctor: _____

Tel: ( ) _____Fax# ( ) _____

Family Dr. Address Or Location:

_____

Referring Physician: _____ (If Different From Family Doctor)
Address Or Location:

_____

Reason for your visit today:

_____

Goals of treatment you would like to achieve:

_____

HOW DID YOU FIND OUT ABOUT US?

□ Dr. Referral
□ A Friend _____
□ Internet
□ Sign Outside
□ Returning Patient
□ Village Voice
□ Website
□ Advertisement
□ Phone Book/Yellow Pages
□ Social Media
□ Other (Please Specify) _____

May we send you information regarding Newcastle Village Physiotherapy?
By mail: Yes ____ No _____ By e-mail: Yes ____ No _____

EMERGENCY CONTACT:

Name: _____Tel#: ( ) _____Relationship: _____

HEALTH INFORMATION:

Please list any surgeries or procedures (please include any internal pins/wires/artificial joints) you have had done recently or in the past:

Surgery/Procedure _____Date:_____
Surgery/Procedure _____Date:_____

Medication(s) you are currently taking: (we can photocopy medication list if you carry one with you)

_____
_____

Allergies:

_____

Do you currently have or have you ever experienced any of the following?
Please check all that apply:

Respiratory	**Infections**	**Other Conditions**
__ Chronic Cough	__ Hepatitis	__ Diabetes
__ Shortness of Breath	__ TB	__ Loss of sensation
__ Bronchitis	__ HIV	__ Cancer
__ Asthma	__ Infectious skin conditions	__ Arthritis
Cardiovascular	**Head/Neck**	type_____
__ High Blood Pressure	__ Vision problems	__ Skin condition
__ Low Blood Pressure	__ Ear problems	type_____
__ Congestive Heart Failure	__ Hearing loss	__ Osteoporosis/Osteopenia
__ Heart Attack	__ Headaches / Migraine	__ Anxiety
__ Varicose Veins	__ Dizziness	__ Depression
__ Stroke	__ Epilepsy/Seizures	__ Chronic Fatigue/
__ Pacemaker	**Pelvic Health**	Fibromyalgia
__ Heart Disease	__ Urinary Incontinence	__ Parkinson's Disease
__ Cholesterol	__ Pelvic Pain	__ Multiple Sclerosis
Allergies	__ Constipation	__ Other: _____
__ latex	__ Painful Intercourse	__ Other: _____
__ vinyl	__ Pelvic organ prolapse	__ Other: _____
__ acupuncture needles		
__ massage lotion/coconut oil		

Women: Are you currently pregnant? No _____ Yes _____, _____ weeks
Have you recently given birth? No _____ Yes _____, _____ weeks ago

Consent to Collect, Use and Release information:

As healthcare practitioners we collect, use, and disclose personal information responsibly and only to the extent necessary for the goods and services we provide.

I hereby consent to Newcastle Village Physiotherapy and its service providers and employees to collect my personal information (name, address, contact information, insurance/billing information, and health information) for the purposes of:

* Making decisions regarding my care, treatment and services needed
* Scheduling my appointments and contact me regarding appointments
* Producing invoices, process credit card payments or collection of unpaid accounts
* Reviewing patient files to ensure high quality services, performance assessments and Inspections of records by the College of Physiotherapists in the public interest
* Producing reports used by Newcastle Village Physiotherapy for research and statistical Purposes
* Meeting legal and regulatory requirements

My information may be shared with/released to: my insurance company, adjuster from my motor vehicle insurance, physician or family doctor and/or other healthcare professionals involved in my care. Your health record cannot be release or transferred without your written consent.

Date: _____ Patient/Guardian Signature: _____

FEE AGREEMENT

I, _____ (Full Name), am fully responsible to Newcastle Village Physiotherapy for payment of my account in full. I understand even if Newcastle Village Physiotherapy is assisting me in making a claim to my insurance company, I am ultimately responsible for all fees incurred at Newcastle Village Physiotherapy. I agree to pay my account in full at the end of each visit. Newcastle Village Physiotherapy will provide me with an invoice after each paid visit, which I can use to forward to my insurance company and/ or another third party payer. If it is necessary to cancel an appointment, 24 hours notice is required or a 50% charge will be issued. This charge will also apply for any missed appointments.

PATIENT/GUARDIAN SIGNATURE: _____

Date: _____ WITNESS: _____

APPOINTMENT REMINDERS:

__ I would like to receive a reminder via email **Initial here: _____**
__ I would like to receive a reminder via a phone call **Initial here: _____**
__ I do not need to be reminded of my appointments and acknowledge that there is a **cancellation/no show fee 50%** **Initial here: _____**