

PATIENT INTAKE INFORMATION

Patient Information							
Last Name:		First Name & Middle Name:		Gender:			
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Phone (Work):		Phone (Home/Cell):		Email:			
Address:		City:		Postal Code:			
Birthdate (mm/dd/yyyy):		Personal HealthCard #:		Emergency contact and phone #:			
Date of Injury (mm/dd/yyyy):		Claim Type:		Relationship:			
		<input type="checkbox"/> WCB <input type="checkbox"/> MVA <input type="checkbox"/> Personal		Employer and Occupation:			
Medical Team							
Family Physician:		Referring Physician:		Specialist(s):			
How did you find our clinic?							
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Signage <input type="checkbox"/> Existing patient <input type="checkbox"/> Friend / Family <input type="checkbox"/> Internet <input type="checkbox"/> Family Physician <input type="checkbox"/> Referring Physician <input type="checkbox"/> WCB/Insurance <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Other: _____							
Fill out only if WCB or MVA							
Claim Number:		Adjuster Name:		Adjuster Phone #:		Adjuster Fax #:	
Extended health insurance. ** Bring your policy number and our office staff will check your coverage							
Ins. Company _____ Policy # _____ Employee ID # _____							
Physiotherapy coverage:			Massage Therapy coverage:			_____ coverage:	
Yearly max: _____ <input type="checkbox"/> Doctor's note required? Details:			Yearly max: _____ <input type="checkbox"/> Doctor's note required? Details:			Yearly max: _____ <input type="checkbox"/> Physio note required? <input type="checkbox"/> Doctor's note required? Details:	

OFFICE SECTION ONLY							
Assessment date		Description (le MVA – Shoulder)		Primary provider		Billing office	
						PT Health	
WCB/MVA diagnosis code		WCB body part#		WCB injury #		End date	
The following must be complete for all new patients: <input type="checkbox"/> Patient has adequate coverage for therapy <input type="checkbox"/> All fields on all new patient forms are complete <input type="checkbox"/> All fields on this form are entered on computer program							