

Medical History Form

_____ / _____ / _____
 First Name Last Name Alberta Health Care Number Birth Date (dd/mm/yy)

 Address City Postal Code

 Home Ph. # Cell Ph. # Business Ph. # Email Address

 Emergency Contact Ph. # Doctor's Name

Private Insurance Yes No **Insurance Company Name** _____

Covered Member Name/Member Number	_____
Group Number	_____
Section Number	_____
Member Number (patient)	_____

How did you hear about the clinic? Friend/Relative Doctor Dentist Mail out advertisement
 Yellow Pages Google Canpages Live in the area

Were you ever treated for any of the following? (please check all that apply)
 Stroke Heart Disease Rheumatoid Arthritis Epilepsy Respiratory Problems Diabetes
 Migraines Hemophilia Hepatitis A Hepatitis B Hepatitis C HIV

Do you have any of the following? (please check all that apply)
 Dizzy spells Fractures Metal Implants in the body Pacemaker

Are you pregnant (if applicable) yes no **What medications are you currently taking?** _____

For Motor Vehicle Accident Patients (if this does not apply to you, please skip this section)

 Motor Vehicle Insurance Company Adjustor Phone Number
 _____ / _____ / _____
 Policy Number Claim Number Date of Accident (dd/mm/yy)

For Worker's Compensation Board Patients (if this does not apply to you, please skip this section)

 Name of company you are employed with Address of company you are employed with Supervisor name and phone #
 _____ / _____ / _____
 Name of Doctor/Clinic visited for this injury Job Title Date of Accident (dd/mm/yy) WCB Claim Number

Treatment costs will be billed directly to the Patient/WCB/or Insurance Company. The cost paid by the patient may be recovered through private insurance plans (ex. Blue Cross) or may be claimed as a medical expense when filing personal income tax. We would ask you to sign below in acknowledgement and understanding of your responsibility for costs for treatments.
I authorize and grant permission to the physiotherapist(s) of Belmead Physical Therapy to perform an assessment and provide treatment which may include some of the following but is not exclusive to: Thermal agents, electrical modalities, manual therapy techniques, spinal manipulation, exercise prescription, acupuncture, and intramuscular stimulation (IMS).

 Signature Date