Resilient Physiotherapy

Patient Intake Form

PATIENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ MAJOR COMPLAINT/ INJURY: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE #: _____ CELL #: _____ BUSINESS # _____

EMAIL: _____

FAMILY DOCTOR: _____ LOCATION: _____ PHONE: _____

HOW DID YOU FIND US _____

We are a multi-disciplinary team of health professionals providing different service expertise. In order to speed up your healing and recovery, which out of these services do you want your Physiotherapist to provide you more details about and possibly include in your treatment plan.

- ☐ Massage Therapy
- ☐ Custom Orthotics (insoles)
- ☐ Braces & support
- ☐ Chiropractic Care
- ☐ Virtual Care

Resilient Physiotherapy Suite 102, 25 Wellington Street W Guelph, Ontario N1H 7T9 (226) 771 - 9003

PATIENT AUTHORIZATION

I hereby authorize and agree to participate in physiotherapy assessments and treatments given by the registered physiotherapist. I understand that this will involve my active participation in treatment and will comply with the provider's recommendations to improve my condition and recovery. I understand that the assessment and treatment services I undergo may be administered by the treating provider, and/or by support staff under the supervision of the treating provider. I understand that I should not be under the influence of any substance that could inhibit participation, in any way, in the entire program recommended by the Physiotherapist. The results of the Assessment will assist the Physiotherapist in determining the appropriate physical treatment to meet my specific needs and goals. I agree to advise the Physiotherapist of any current or future health issues that may or may not prevent participation in the rehabilitation process. I hereby understand that my treatment in this clinic may involve, but not limited to, the use of:

- Various physical and electrical modalities (heat, ice, ultrasound, TENS, IFC, Laser etc.)
- Acupuncture
- Dry Needling, Stretching, or mobilization of joints and tissues.
- Exercise programs aimed at mobility, strength, and function.
- Cupping, Instrument Assisted soft tissue techniques and other soft tissue modalities.

Telerehab is the delivery of physiotherapy services using video or phone conferencing. The physiotherapist explained the risks and benefits of telerehab. I understand that a family member or other healthcare provider may be required during the session. I understand my personal health information will be protected and compliant with privacy acts. With my signature below, I consent to the delivery of physiotherapy services via telerehab. With my signature below, I hereby authorize the physiotherapist to use telerehab to deliver physiotherapy services. **INITIALS:** _____

I authorize Resilient Physiotherapy to bill my insurance company directly. I understand that Resilient Physiotherapy will bill the insurance company after the service is provided. I authorize the payment to be directly paid to Resilient Physiotherapy and I will be personally liable for any outstanding balance, co-pay and deductibles not covered by my insurance company. I will notify Resilient Physiotherapy if the payment from the insurance company is paid directly to my account. I understand that if for any reason Resilient Physiotherapy does not receive a payment within 30 days of the service date, I will be responsible for the payment. I fully understand the above and agree to abide by this policy. **INITIALS:** _____

I further consent to the distribution of such information by Resilient Physiotherapy as is required in my rehabilitation plan. **INITIALS:** _____

Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment may be responsible for a $40.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment. **INITIALS:** _____

I would like to receive appointment reminders, plan of care, exercise plan, and any relevant services. Your email will never be shared, and you can unsubscribe at any time. **INITIALS:** _____

Signature of patient or Responsible party: _____ Date: _____

HEALTH HISTORY QUESTIONNAIRE

1. WHAT IS YOUR PRIMARY COMPLAINT (OR BODY PART) THAT YOU ARE SEEKING TRETAMENT FOR TODAY? _____

2. DO YOU PRESENTLY OR HAVE EVER HAD ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

☐PACEMAKER	☐ARTHRITS	☐VIRAL
☐HEART PROBLEM	☐HIV/AIDS	☐LIVER DISEASE
☐HIGH HOLESTROL	☐FATIGUE	☐FABROMYALGIA
☐STROKE	☐REPEATED INFECTIONS	☐PARKISON'S DISEASE
☐LUNG PROBLEMS	☐THYROID PROBLEMS	☐ADHD
☐CANCER	☐ALLERGIES	☐SKIN DISEASES OR SENSITIVITY
☐DIABETES	☐ DEPRESSION	☐DIGESTIVE PROBLEMS
☐HIGH BLOOD PRESSURE	☐ ASTHMA	☐OSTEOPOROSIS/OSTEOPENIA
☐EPILEPSY	☐ANXIETY	☐ CURRENTLY PREGNANT
☐CHRONIC FATIGUE	☐OTHER_____	

3. PLEASE PROVIDE A LIST OF ANY SURGERIES (INCLUDING INTERNAL PINS/WIRES/ARTIFICIAL JOINTS), PAST INJURIES OR MAJOR DENTAL WORK.

_____

4. PLEASE PROVIDE A LIST OF YOUR CURRENT MEDICATIONS.

_____

5. ANY OTHER RELEVENT INFORMATION THAT IS IMPORTANT.

_____

No-Show/ Cancellation Policy - Please Read Carefully

We realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable, however, advance notification allows us to fulfill other patient's scheduling needs and keeps the clinic operating at is most efficient level. Due to our exclusively booked 30-minute treatments for you, missed appointments are a significant disruption to, the clinic, your physical therapist, and other patients.

Please provide our office with 24-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 24-hour notice to change a scheduled appointment may be responsible for a $40.00 office visit charge. This charge cannot be billed to insurance and must be paid on or before the next scheduled appointment.

We reserve your 30 mins appointment time for you so that we may provide optimum treatment outcomes. The 24-hour notice allows us to place another patient in your cancelled appointment period.

Certain accident claims adjusters expect regular attendance to physical therapy as a requirement of an approved treatment plan. If appointments are missed or cancelled on a regular basis it could affect the status of your claim. Your treatment plan has been established by you and your practitioners to help you to get you back to your regular activities as quickly as possible. Missing appointments hinders that process and may end up prolonging recovery.

After missing two appointments without notice, you may be placed on a same day scheduling policy for your treatments, which would not allow you to schedule any appointments in advance.

Thank you for providing our office and our patients with this courtesy Signing below indicates you understand and agree to the terms of this policy.

Signature of Patient /Responsible Party: _____

Date: _____

Resilient Physiotherapy Suite 102, 25 Wellington Street W Guelph, Ontario N1H 7T9 (226) 771 - 9003