

 **SK Physiotherapy and Sports Injury Clinic****Patient Information****Here's what you can expect on your first visit:**

1. You will provide us with your health information
  2. The Patient Coordinator will introduce you to your Therapist
  3. Your Therapist will assess you
  4. Your Therapist will explain your treatment plan
  5. You will schedule your treatments and referrals with the Patient Coordinator
  6. The Patient Coordinator will present any recommended rehab devices and/or healthcare aids
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**Personal**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apartment/Unit No. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Health Card No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Referral**Family Physician \_\_\_\_\_ Referring Physician:  Family Physician or  \_\_\_\_\_What were you referred for? Check **all** that apply

- Physiotherapy       Massage Therapy       Naturopathy  
 Orthotics       Occupational Therapy       Other \_\_\_\_\_

How did you hear about our clinic? Check **all** that apply and circle the primary source

- Website       Doctor       Return Patient       Friend / Family       Facebook       Google  
 Location       Employer       Other \_\_\_\_\_

**Coverage**

- No Coverage       Extended Health Care Benefits       Motor Vehicle Accident (MVA)       Workplace Injury (WSIB)

**Insurance/Benefits** if applicableName of Policy Holder  Self or  Name \_\_\_\_\_ Policy Holder's DOB (dd/mm/yyyy) \_\_\_\_\_

Policy/Claim No. \_\_\_\_\_ ID / Certificate No. \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_