
First Name

Last Name

Mailing Address

City

Province/Territory

Postal Code

Email

Phone: Home

Phone: Work

Phone: Cell

Birthdate: Y/ M/ D

Family Doctor

Referral Source

Reason for your appointment _____

Cause of injury: Work Motor Vehicle Accident Sports Injury Other

• If your visit is a result of a work place injury or Motor vehicle accident please provide all necessary information. This Includes insurance information, adjuster contact information and claim number.

Policies

Cancelled / Missed/ Rescheduled appointments

- We reserve the right for you to meet one-on-one with the therapist, therefore it is important for us to know if you are not going to be able to keep an appointment so we can offer that time to someone else. Appointments that are missed or cancelled without 24 hours advanced notice will be charged.
- Payment is due in full at the end of each treatment session. Payments will be accepted by cash, debit, or credit card, and a receipt will be provided for reimbursement by your insurance company after each visit.

Consent to Communicate via Email/Text:

- Can we send you appointment reminders one day prior to your appointment? Yes No
- Do you authorize Physio Plus to contact you with upcoming events and clinic information? Yes No

I have read the Physio Plus policies

Signature

Date

