



1713 Bowen Road, Nanaimo, B.C. V9S 1G8
 Tel: (250) 754-5332 Fax: (250) 754-1851
 nanaimophysiofd@shawbiz.ca

Patient History

Last Name: _____ First Name: _____
 Mailing Address: _____ City: _____
 Postal Code: _____ Email: _____
 Home Telephone Number: _____ Cell Phone Number: _____
 Date of Birth: yyyy/mm/dd _____|_____|_____
 CareCard Number: _____
 Employer: _____ Occupation: _____
 Referring Physician: _____ Family Physician: _____

Email addresses are collected solely for the purpose of communicating with our patients. Nanaimo Physiotherapy Clinic does not collect emails for distribution purposes.

What is the reason for your visit today; present complaint:

List surgeries and previous injuries relevant to present complaint:

List medications you are taking (especially anticoagulants, glucocorticoids, immunosuppressants, osteoporosis medication, corticosteroids):

Check if you have experienced any of the following:

Asthma		Cancer (Previous or Current)		Rheumatological Conditions (Rheumatoid Arthritis, Lupus)	
High Blood Pressure		Epilepsy, Seizures, Blackouts		Chronic Inflammatory Disorders (Celiac Disease, Vasculitis, COPD, Psoriasis)	
Diabetes		Ear or Hearing Disorders		DVT, Embolism, Thrombophlebitis	
Heart Disease		Blood Disorders		Infectious Disease	
Lung Disease		Hernia		Do you have a pacemaker?	
Thyroid Dysfunction		Osteoporosis (or other bone disease)		Allergies	
Stroke		Aneurysm			
Positive HIV Test		(Female) Could you be pregnant?			

Please list any sports, activities and hobbies:

Have you been treated by any of the following in the last year? Please check all that apply:

Physiotherapy		Massage Therapy		Naturopathic	
Chiropractic		Podiatry		Acupuncture	

Are you currently working? Please Circle. YES or NO

Is this a Worksafe BC claim? If yes, please provide your claim number: _____

Is this an ICBC claim? If yes, please provide your claim number: _____

Please turn over and complete the other side. Thank you.



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Please initial on the appropriate lines where you agree:

	Initial
I consent to treatment at Nanaimo Physiotherapy Clinic:	

I give permission for my physiotherapist to discuss my condition, progress, and program with the following people as required to facilitate my treatment:

Physician	
ICBC Case Manager	
Worksafe BC Case Manager	
Employer	
Other Health Professionals	
I give permission for Nanaimo Physiotherapy Clinic to obtain authorization for billing from Department of Veterans Affairs, RCMP and Canadian Forces.	

Please note the following:

If Worksafe BC, ICBC, or any other insurance companies refuses coverage of physiotherapy treatment, the patient is responsible for payment.

Please familiarize yourself with Nanaimo Physiotherapy Clinic’s policy for late/missed appointments:

If you are unable to keep your appointment please notify Nanaimo Physiotherapy Clinic at least twenty four hours in advance. If you are unable to reach the clinic by telephone please leave a voicemail.

If twenty four hours notice of cancellation is not received the patient will be charged the cost of the appointment.

Late arrivals that occur ten minutes or more into a scheduled appointment may be rescheduled at Nanaimo Physiotherapy Clinic’s discretion and the missed appointment fee may be levied at this time.

Our missed and late appointment policy is in place to minimize disruption to other client appointments, as well as enabling our administration staff to try and contact clients who may be on our waitlist. If necessary our front desk can provide you with phone call or email reminders of your appointment times. These reminders are done the day prior to your scheduled appointment. You may speak with our front desk at any time to request this service.

Statements of Paid Services are provided individually or at the end of treatment in summary form.

Signature: _____ Date: _____

Please ensure you have completed both sides of this form. Thank you.