PERFORMANCE
INTEGRATED HEALTH
120 - 2630 Croydon Drive South Surrey BC V3Z 6T3
T 604 535 7705 E info@performancechiropractic.ca

Patient Information

Date

First name | Last name

Middle name(s) | I go by

Care Card/Services Card number (PHN)

Birthdate (yy/mm/dd) | Age | ☐ Male ☐ Female

Home address

City | Postal code

Home telephone | Cellphone

Email (We will not share, rent or sell your email address.)

I would like to be reminded of my upcoming appointments by… ☐ Email ☐ Text ☐ Both Email and Text
I consent to Performance Integrated Health staff and practitioners corresponding with me via the email address I have provided. ☐ Yes ☐ No
If by Text, please provide the name of your cellphone carrier (eg. Telus)

I would like to receive Performance Integrated Health's free email newsletter featuring clinic news and health and wellness information. ☐ Yes ☐ No (You may unsubscribe at any time.)

Is this condition part of an **ICBC** or **WCB** Claim? ☐ Yes ☐ No **If yes, please ask for additional forms.**

Occupation | Business/employer

Do you have an extended health plan? ☐ Yes ☐ No

Name of current General Practitioner (MD)

Date of last visit to GP | Reason for last visit

Are you seeing a medical specialist? ☐ Yes ☐ No | Name of specialist

Reason for seeing specialist

Emergency contact | Telephone

How did you learn about Performance Integrated Health?
Online: ☐ Clinic website ☐ Facebook ☐ Google ☐ Instagram ☐ Twitter ☐ Yahoo ☐ Yellow Pages

Referred by (Give us a name – we would like to say thank you!)

☐ I live nearby Other:

Office use only MSP: ☐ Yes ☐ No W/C ☐ CE ☐ NL ☐ WE ☐

Confidential Health Information

Main health complaint

Other complaints

Have you had previous care from a...

☐ Physiotherapist ☐ Chiropractor ☐ Massage Therapist ☐ Naturopath ☐ Acupuncturist

If yes, name of practitioner

Approximate date of last visit

Did you have spinal x-rays? ☐ Yes ☐ No If yes, when?

Please check if you have, or have ever been treated for any of the following.

☐ Heart problems ☐ High blood pressure ☐ HIV ☐ Metal allergies

☐ Pregnancy ☐ Pacemaker or other implanted device ☐ Recent surgery

☐ Cancer ☐ Breast implants ☐ Diabetes ☐ Blood thinners

☐ Dizziness/vertigo/unsteadiness

If you checked any of the above, please explain.

Medications Please list any medications you are taking and state reasons for taking them.

Prescription

Over-the-counter

Stress Level Overall stress level: ☐ none ☐ low ☐ medium ☐ high

Main reasons for stress

Goals What would you like to gain from today's visit?

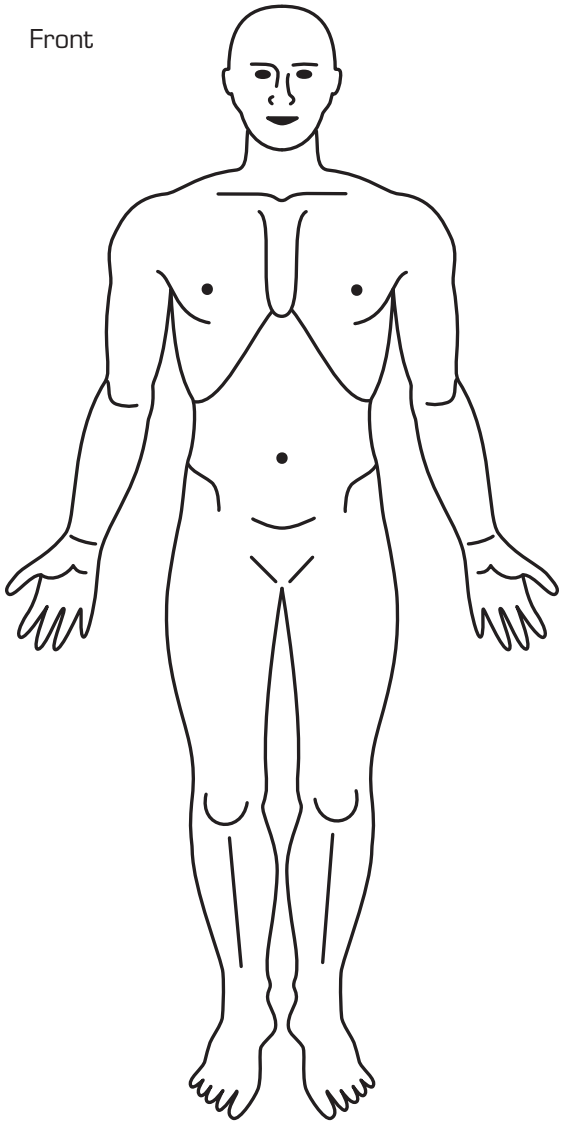
What are the two most important health goals for you?

1. **2.**

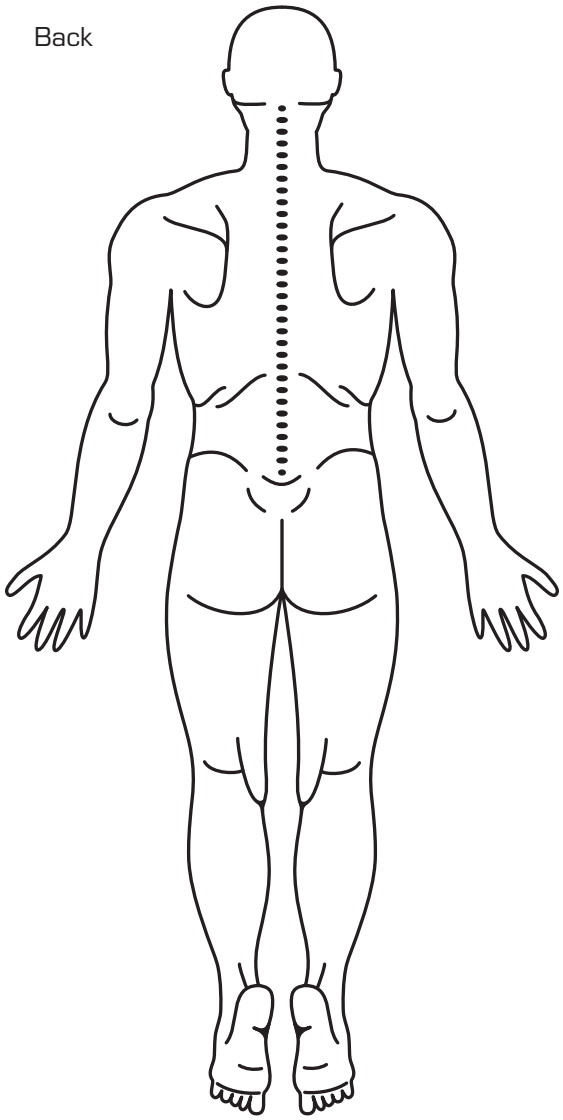
Area of Complaint and Pain Experienced

Using the following symbols, please indicate directly on the body diagrams below the area of your complaint and the type of pain experienced. X Burning ○ Dull/achy △ Sharp □ Numbness/tingling

Front



Back



Consent for Physiotherapy and Soft Tissue Manipulation

Please read the following carefully and enquire if you have any questions or concerns.

Depending on your injuries, you may be treated with soft tissue techniques and/or manual therapy techniques. Your physiotherapist may have you perform exercises, may use modalities, acupuncture or IMS (Intramuscular Stimulation), or education. Please ensure you discuss with your therapist if you have any questions or concerns about any of the assessment or treatment processes that will be performed.

Request and consent

I hereby request and consent to the performance of therapy and the various procedures mentioned above by the Registered Physiotherapist listed below.

I have had the opportunity to discuss the nature and purpose of therapy with the Physiotherapist. I understand that results are not guaranteed.

I further understand and am informed that in the practice of Physiotherapy, as in all health care, there are some very slight risks to treatment, including but not limited to muscle strains and tenderness, stiffness, and sometimes slight bruising. I do not expect the Physiotherapist to be able to anticipate and explain all the risks and complications associated with soft tissue techniques.

I wish to rely on the Physiotherapist to exercise judgement during the course of my treatment(s), to apply those treatments which he/she feels at the time, based on the facts known, are in my best interest.

Payment, changes to appointments and file sharing (require your initialing)

I accept full responsibility for any fees incurred during care and treatment, and am aware that I am responsible for payment at the time services are rendered. _____ (initials)

We require 24 hours of notice for any changes to, or cancellation of your appointment. All appointments missed, cancelled or rescheduled within 24 hours of the appointment will incur a penalty of 50% of visit cost. _____ (initials)

I consent to my file being shared if I decide to see another practitioner at Performance. _____ (initials)

I acknowledge that I have read this Consent and I have discussed, or have been offered the opportunity to discuss, with my Registered Physiotherapist the nature and purpose of physiotherapy procedures, the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the therapy procedures recommended to me by my Registered Physiotherapist, and I intend this consent to apply to and cover the entire course of treatment(s) for my present condition.

Dated this day of ,20

Patient or Legal Guardian's Signature

Name

(please print)

Witness of Signature

Name

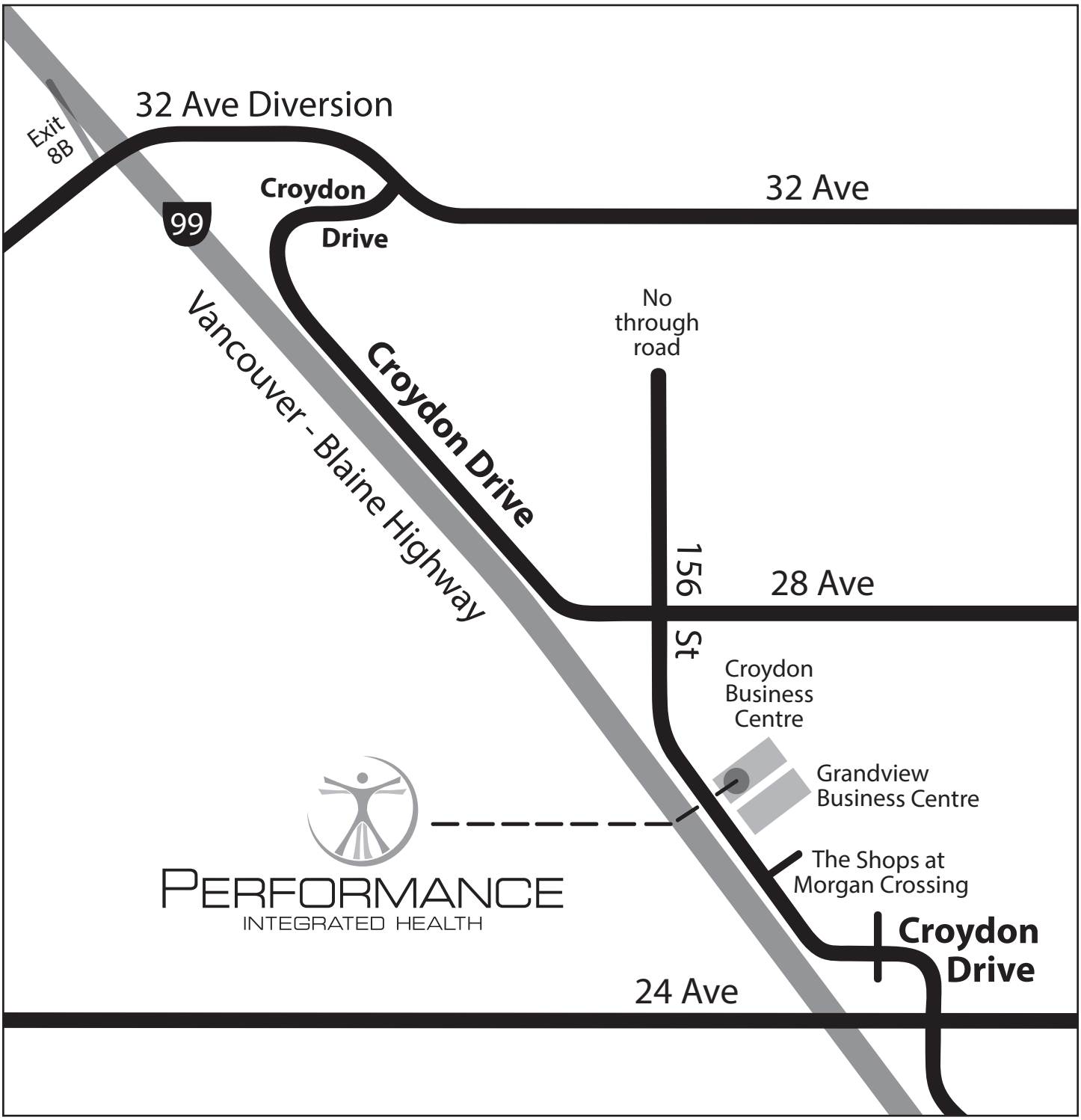
(please print)

Our Location

Performance Integrated Health is in the Croydon Business Centre.

120 - 2630 Croydon Drive South Surrey BC V3Z 6T3 T 604 535 7705

There is parking directly in front of our offices.



From the North (32 Ave):

Follow Croydon Drive until you reach the intersection with 156 St (where there is a 4-way Stop sign). Turn right, drive round the left bend and you're there.

From the South (24 Ave):

Stay on Croydon Drive until you drive past the two entrances to Morgan Crossing shopping centre and you will soon approach us at the Croydon Business Centre.