YEW TREE YOGA

Physiotherapy Intake Form

Yew Tree Yoga
A -3840 Cadboro Bay Road
Victoria B.C
Phone 778-433-9202

Client Information

This confidential record will be kept in this office and will not be released to any person without your authorization

Name _____ Date _____

Personal Heath Number _____

Insurance Policy Number _____ ID Number_ _____

Street Address / PO Box _____

City _____ Province _____ Postal Code _____

Date of Birth (MM/DD/YYYY) _____ Phone _____

Email _____ Occupation _____

Emergency Contact Person _____ Phone _____

I. Reason for attending Physiotherapy/Therapeutic Yoga

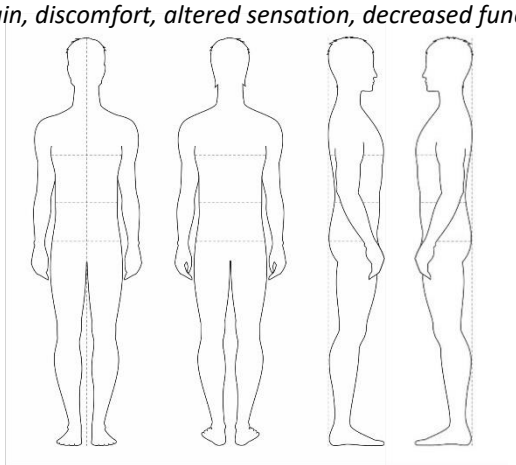
☐ Overall health Maintenance and relaxation ☐ I have a specific concern

In order to better address your goals, please complete the following:

II. Specific concern

1. Symptom _____ Date of Onset _____
2. Symptom _____ Date of Onset _____

Please indicate problem areas (pain, discomfort, altered sensation, decreased function etc.) on the diagrams below



III. Medical History

Please check all that apply

Pacemaker	☐	Asthma	☐
Heart Problems	☐	Recent Fracture	☐
Currently Pregnant	☐	High Blood Pressure	☐
History of Stroke/TIA	☐	Fatigue	☐
Lung Problems	☐	Recurrent Infections	☐
Cancer	☐	High Cholesterol	☐
Circulatory Disorders	☐	Recent Injury or accident	☐
Arthritis	☐	Depression	☐
Osteoporosis / Osteopenia	☐	Recent emotional trauma	☐
Diabetes	☐	Anxiety	☐
Seizures / Epilepsy	☐	Hepatitis	☐
		Chronis fatigue / Fibromyalgia	☐
		HIV / Aids	☐

*Any Joint Replacements? ☐ If yes, which joint(s)?

_____

*Other Condition(s)?

_____

Women: Are you pregnant or trying to become pregnant? ☐ Yes ☐ No, if you are pregnant, how many weeks? _____

IV. Surgical History: List any surgeries and the date of surgery.

_____ Date _____

_____ Date _____

_____ Date _____

V. Medications

Please list medications you are currently taking:

_____

_____

Please provide any other information that you think is relevant for me to know in order to treat you safely and effectively:

_____

_____

I have read and understood all the questions on this form. My signature below confirms that I have answered all the questions truthfully, and that I will inform this office of any changes in my health care status.

Client Signature _____ Date _____

Consent

Protecting your privacy is important to us. Our policy is to ensure that only necessary information is collected about you and we will only share your information with your consent.

Your personal information will only be used for the following:

- To establish and maintain contact with you as your treatment requires.
- To communicate with other treating healthcare providers, including your family physician / Referring physician.
- To follow-up with your treatment and/or billing as well as contact you from time to time during post-treatment about our services, special offers, surveys and other opportunities – by phone, email, addressed mail and voicemail.
- To complete claims for insurance purposes
- To invoice for services provided, process credit cards payments and collect unpaid accounts.

Medical

I hereby give permission for my physicians, therapists, insurance company, WCB and lawyer to discuss and medical information pertinent to this injury/disability.

Payment of Accounts

Accounts are interest-free for the first 30 days. Accounts over 30 days will be charged at a monthly interest rate of 2.9%. Payments will be applied to interest first than any past due amount.

Cancellation of Appointments

We appreciate 24 hours' notice for any cancellations.

By signing the consent section, you have agreed that you have given consent to the collection, use and/or disclosure of your personal information as outlined above. You have reviewed above and understand how Yew Tree Yoga will use your personal information.

I agree that S. E. (Sam) Goski / Yew Tree Yoga can collect, use and disclose personal information as set out above.

Name of Patient (please print)_____

Signature_____

Date_____

Signature of Parent or Guardian _____