

PATIENT INFORMATION SHEET

DATE: _____

PATIENT NAME: _____

HOME ADDRESS: _____ (LAST) (First) HOME PHONE: _____ - _____ - _____

WORK PHONE: _____ - _____ - _____

CELL PHONE: _____ - _____ - _____

POSTAL CODE: _____ E-MAIL: _____
(I may be contacted by e-mail)

DATE OF BIRTH: _____ *My preferred method of contact is:*
Month / Day / Year Home phone E-mail
 Work phone Cell phone

FAMILY DOCTOR: _____ PHONE: _____ - _____ - _____

SPECIALIST : _____ PHONE: _____ - _____ - _____

We are interested in knowing all the ways you may have heard of Pro Motion Physiotherapy. Please check off any of the following that apply:

- Internet Our Web Page Canada 411 Yellow Pages Phonebook
 Ontario Physiotherapy Association – Find a Physio
 College of Physiotherapists – Find a Physiotherapist
 Promenade Mall Advertising: _____ Other: _____
 Doctor: _____ Name Someone who has been here before: _____ Name
 I had treatment at Pro Motion Physiotherapy in the past May we send them a thank you note?

We periodically send our patients information about upcoming lectures, special events, clinic news and health and wellness. Would you like to receive this information?

Yes: No: We also post this information on our website: www.promotionphysiotherapy.com

Consent for Assessment:

I understand that a Registered Physiotherapist will be performing my assessment and will discuss treatment with me. The fee for the first visit is _____.

Please see our website for our privacy policy.

Signature
(January 2012)