



**Physiotherapy Intake Form**

**Date:**

**Personal Information**

Name \_\_\_\_\_ Date of Birth (yyyy/mm/dd) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Email Address** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

Parent/Emergency Contact Name & Relationship \_\_\_\_\_

Parent/Emergency Contact Cell Phone \_\_\_\_\_

Parent/Emergency Contact Email (if under 18) \_\_\_\_\_

Area of body injured or having issues with \_\_\_\_\_

Extended Health Plan: \_\_\_\_\_

Date of injury \_\_\_\_\_ **OR** Gradual Onset

Previous Injuries \_\_\_\_\_

**Have you or any members of your family (parents, siblings, grandparents, aunts or uncles) had any of the following conditions? (Please check any that apply)**

- Heart Disease/ Pacemaker     High Blood Pressure     Diabetes     Metal Implant
- Circulatory Disorders     Osteoporosis     Epilepsy     Pregnancy
- Breathing Disorder     Cancer     IUD     Other: \_\_\_\_\_
- Infectious Blood Disease (HIV/ Hepatitis)    Allergies: \_\_\_\_\_

## Treatment Information

Physiotherapy treatment techniques may include, but are not limited to: manual techniques, spinal manipulation, electrotherapeutic and exercise as well as other techniques such as acupuncture and dry needling. A number of these may be recommended during your program. It is the policy of Crash Performance and Health to ensure the benefits, side effects and potential complications of each chosen modality is explained to you by your therapist before use, as your participation in all aspects of the program is imperative to success. We encourage you ask your therapist how minor risks of acupuncture and dry needling such as bruising, infection, and nausea are minimized to allow you to experience the many benefits of this healing modality. Throughout your program, if you have any questions or concerns about any recommended treatment, you must inform your therapist immediately so they can explain the treatment rationale and/ or modify your program appropriately. If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at the Crash Performance and Health Clinic. I understand that for the duration of my treatment, my consent, may be withdrawn at any time and I understand that I must inform my physiotherapist.

**Signature:** (If under 18, must be signed by a parent or legal guardian)

X \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Witness:**

**Date:**

X \_\_\_\_\_

\_\_\_\_\_