

Brooklin Village Physiotherapy

"It Takes A Village....."

Patient Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (Res): _____ (Cell): _____

Email: _____

Would you like to receive appointment confirmations through Email: Yes No

Family Doctor

Name: _____ Phone: _____

Address: _____

Referring Doctor (if different from Family Doctor)

Name: _____ Phone: _____

Address: _____

Please complete the following general health information

Yes No

Do you have cardiac problems?

Do you have a history of high blood pressure?

Do you have a pacemaker?

Are you a diabetic?

Are you pregnant? (if appropriate)

Do you have epilepsy?

Do you have a history of cancer?

Have you had any recent or major surgery?

Any other serious medical conditions which your physiotherapist should be aware of?

Are you currently receiving any other treatment? _____

How did you find out about Brooklin Village Physiotherapy? _____

Emergency Contact Information

Name: _____ Phone: _____

Payment and Cancellation Policy

Brooklin Village Physiotherapy is NOT covered through OHIP.

Payment will be due on the day of treatment and can be made by VISA, MasterCard, debit, cash or cheque.

We require 24 hours notice for canceling appointments. Insufficient notice or missed appointments (no shows) may result in a cancellation fee of \$25.00 per instance, which is not covered by your insurance plan.

Please sign below to accept these conditions:

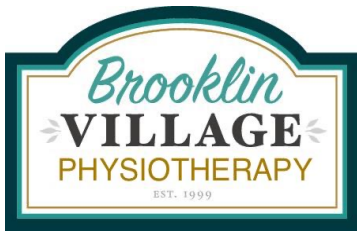
Patient's Signature: _____ Date: _____

5959 Anderson Street, Brooklin, Ontario L1M 2E9

t: 905-655-7776 f: 905-655-7883

e: brooklinphysio@hotmail.com w: www.brooklinvillagephysio.ca

R.C. Fryzuk Physiotherapy Professional Corporation



Brooklin Village Physiotherapy

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DO YOU HAVE A QUESTION?

If you have concerns about our competence or professionalism you can contact:

- Our Information Officer Cheryl Davies, can be reached in person or by phone at:
 - a. 5959 Anderson St. Ste L3, Brooklin, ON L1M 2E9
 - b. (905)655-7776

If you wish to make a formal complaint, you may make it in writing. She will acknowledge receipt of your complaint; ensure that it is investigated promptly and provide you with a formal decision and reasons in writing

- College of Physiotherapists of Ontario: This policy is under the Personal *Information Protection and Electronic Documents Act*. There are some rare exceptions to the commitments set out above.
- For more general inquiries, the Privacy Commissioner of Canada oversees the administration of the privacy legislation in the private sector and deals with privacy disputes. The Privacy Commissioner can be reached at: 1(613)995-8210 or Toll Free: 1(800)282-1376

NOTE TO PATIENT

We want your informed consent. This means that we want you to understand the services we will provide you and what we do with personal information we obtain about you. If you have any questions on any of this, please ask.

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with rehabilitation services and products this clinic will collect some personal information about me (e.g. home telephone number, address, Health Number, Medication used and so on).

I have reviewed this clinic’s Privacy Policy with respect to the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

Please check if appropriate:

- I do not want to receive e-mails pertaining to my treatment (ie. exercises, education, enquiries about how I am doing, etc.)
- I do not want any reminders about outstanding bills or related information sent by e-mail

I understand that, as explained in the Privacy Policy, there are some rare exceptions to these commitments.

SIGNATURE: _____ DATE: _____