



Client Intake Form

MVA Date: _____
Patient Name (Last, First): _____

Address: _____
Street City Postal Code

Date of Birth: (month/day/year) _____ Gender: Male ___ Female ___

Telephone: (H) _____ (Work) _____ (Cell) _____

Family Dr.: _____ Specialist: _____

Referred By: _____ Email: _____ yes can use

Emergency Contact: _____ Phone #: _____

Current Area of Injury: _____

Repeat Patient: Yes ___ No ___ Last Date at Clinic: _____

Type of Injury: Work ___ Sports ___ Post-op ___ Other ___

Possible Funding Sources: Extended Health Care (EHC) ___ Employer ___ Other ___

How did you find out about the clinic? _____

Education level completed: Primary ___ Secondary ___ Post - Secondary ___ Trade ___

Employment Information

Are you currently working? Yes ___ No ___ Do you have a job to return to? Yes ___ No ___ Modified? Yes ___ No ___

Occupation: _____ Employer: _____

Address: _____ Employer Contact: _____

Is it okay to talk to employer: Yes ___ No ___ How many years with Employer: _____

Insurance Information

Date of Accident (month/day/year): _____ Insurance Carrier: _____

Name of Policy Holder: _____ Date of Birth of Policy Holder: _____ Relationship: _____

Policy #: _____ Claim #: _____

Adjuster's Name: _____ Phone #: _____ Fax #: _____

Have you reported the accident to the Insurance Company? Yes ___ No ___

Have you completed the Accidents Benefits Package? Yes ___ No ___

Do you, your spouse, or your parents have extended health insurance? Yes ___ No ___

Extended Health Insurance (EHC)

Name of Insurance Carrier: _____ Policy #: _____ Claim #: _____

Name of Certificate/Policy Holder: _____ Date of Birth: _____ Relationship: _____

Per Year Limit: \$ _____ Per Treatment Limit: \$ _____ Treatment # Limit: _____

No Show Policy Agreement:

The clinic requires at least 24 hours notice of a cancellation, unless an unforeseen incident (eg. Waking up with the flu, flat tire). We allow 1 late cancellation before a \$25.00 fee will be charged which must be paid prior to your next appointment.

Agree to terms, please sign: _____

Form # 100.25

Revision #: 3

Effective Date: July 2011

Revision Date: September, 2011