



Patient Registration Form

Name: _____ Date _____

Phone Number: (h) _____ (w) _____ (c) _____

Address: _____ City: _____ Postal Code: _____

E-mail: _____ Birth Date: _____ Gender _____

I would like to receive PhysioWorks' monthly newsletter (Initial _____)

Alberta Health Care number: _____ - _____ Physician: _____

Occupation: _____ Employer: _____

Emergency Contact/Guardian name: _____ Phone number: _____

Do you have extended health benefits? Y/N **(If YES please complete the Benefit Assignment Form and Electronic Transmission Authorization and Consent)**

Insurance Provider _____ Policy Holder _____

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What is the issue that brings you to see us today? _____

(Please note: appointment timing generally allows only one issue to be addressed at a time. If you have multiple issues, please list in order of importance. Your therapist will attempt to address other concerns should time allow.)

Have you had any x-rays, US scans, CT scans, MRI's, bloodwork? Y/N

Please list all medication you are taking (including over the counter drugs, natural remedies and vitamins): _____

Please list all major illness, surgeries or injuries (ie. Heart condition, diabetes, blood pressure, cancer, fractures): _____

FEMALES: Are you currently pregnant or is there any chance you may be pregnant? Y/N

(please advise your therapist at immediately if you become pregnant or think there is a chance you may be pregnant)

How did you hear about us? _____

() Healthcare Provider (doctor, chiropractor, etc) _____ () Family/Friends _____

() Employer () WCB () Facebook () Lawyer () Saw signs/live in area () Here Before

() Oranj Fitness () 9round () Personal trainer _____ () Ad at _____

() Visited booth at AirdrieFEST () Visited booth at Company Health and Wellness Fair

() Google search {search terms} _____