THE BRIGHT PHYSIO & MINDFULNESS MASSAGE

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Welcome! Please complete this form before your appointment. Ask reception if you need assistance.

1 PATIENT INFORMATION

Full Legal Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ Postal Code: _____

Emergency Contact / Phone: _____

Gender (optional): ☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Previous patient? ☐ Yes ☐ No How did you hear about us? ☐ Google ☐ Referral ☐ Other

2 REASON FOR VISIT

☐ General Physio ☐ MVA ☐ WCB / Work Injury ☐ Sports Injury ☐ Pelvic Health

☐ Concussion / Vestibular ☐ TMJ ☐ Back / Neck Pain ☐ Pre/Post Surgery

Other: _____ Date symptoms / injury began: _____

Describe concern: _____

3 ACCIDENT / WORK INJURY (IF APPLICABLE)

☐ Motor Vehicle ☐ Workplace ☐ Slip & Fall ☐ Sports ☐ Other

Date of Accident / Injury: _____ Claim Number: _____

Insurer / WCB: _____ Adjuster / Case Manager: _____

Injury reported? ☐ Yes ☐ No Employed at time of accident? ☐ Yes ☐ No

4 EXTENDED HEALTH BENEFITS

Coverage? ☐ Yes ☐ No Insurance Provider: _____

Policy / Plan #: _____ Member / Certificate ID: _____

Policyholder Name: _____

5 RELEVANT MEDICAL INFORMATION

☐ High BP ☐ Diabetes ☐ Heart condition ☐ Recent surgery ☐ Pregnancy

☐ Fracture ☐ Allergies ☐ Other Details: _____

Medications / Relevant Medical History: _____

6 DECLARATION & INITIAL ASSESSMENT CONSENT

I certify that the information provided is accurate to the best of my knowledge. I consent to an initial clinical assessment and understand that proposed treatments, risks, benefits and alternatives will be explained before treatment. I may ask questions or withdraw consent. My information will be managed under applicable Alberta privacy laws. Uninsured balances may be payable, subject to applicable rules.

Patient / Guardian Name: _____ Signature: _____

Date: _____ Guardian Relationship (if applicable): _____

7 DOCUMENTS TO PROVIDE (IF APPLICABLE)

☐ Photo ID ☐ Alberta Health Card ☐ Benefits Card ☐ MVA / WCB Details

☐ Insurance Pink Card ☐ Medical Reports ☐ Other