NORTHERN HILLS
SPORT
PHYSIOTHERAPY

PATIENT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone #: (home) _____ (work) _____ (cell)_____

Family Doctor: _____

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

Alberta Health Care #: _____

Name of Guardian: (if under 18) _____

Emergency Contact Name:_____ Phone #: _____

Injury: (Body Part) _____Date of Injury :_____

Referred by: ☐ Dr. _____ ☐ Friend _____☐ Walk In ☐ Other _____

I hereby consent to the assessment and subsequent treatments of this incident.

I hereby authorize Northern Hills Sport Physiotherapy to release information regarding my treatment and/or progress of this incident to my/the doctor, insurance company, employer and/or lawyer.

Patient (*or Guardian*) Signature: _____

Date: _____ Witness: _____

Payment is due at the time of appointment.

Please provide physician referrals for chart copy.

Please complete back page.

#760 – 500 Country Hills Blvd., Calgary, AB T3K 4Y7 Ph: 403-226-7680 Fax: 403-226-7625

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OFFICE POLICIES

Electronic Messaging

In order to best serve our clients it is necessary to obtain your expressed consent permitting us to electronically communicate with you. This includes, but is not limited to, appointment reminders, relevant news, consultation letters and/or notes with consulting doctors.

☐ I agree to receive all forms of electronic messaging from Northern Hills Sport Physiotherapy inclusive of all staff members. I understand that I can withdraw my consent at any time. To do so, I can contact Northern Hills Sport Physiotherapy for more details.

Email address: _____

Direct Billing to Third Parties

Our office is happy to offer our clients direct billing for services to WCB, motor vehicle companies and most extended health care plans. Should your claim not be covered for ANY reason, including errors and omissions by Northern Hills Sport Physiotherapy, you are ultimately responsible for any charges incurred.

Cancellations and Missed Appointments

At Northern Hills Sport Physiotherapy we value your time and show this by doing our best to stay on schedule. In return, we expect our clients to do their best to attend scheduled appointments.

- 24 hours' notice is required for rescheduling or cancelling appointments.
- All missed or cancelled appointments with less than 24 hours' notice will be charged a $35 fee.
- Chronically missed appointments will result in a charge of 100% of the service missed, and future appointments will require prepayment at time of booking.
- Fees for missed appointments or late cancellations will be charged to you (not to any third party).

I, _____, acknowledge that I have read and understand the

(please print)

above policies.

_____ _____

Patient (*or Guardian*) signature Date