

BONAVISTA PHYSICAL THERAPY
739 LAKE BONAVISTA DR. S.E.
CALGARY, AB T2J 5R3
PLEASE PRINT

(GENERAL INTAKE)

E-MAIL _____

(appointment reminders, clinic news)

Name _____ Birth Date : M ___ D ___ Y ___
(Last) (First)

AHC# _____ - _____ Age _____ Family Physician _____
(first initial & surname)

Home Address _____ M / F (circle one)

City _____ Province _____ Postal Code _____ Incident Date _____

Primary Phone _____ Work _____ Home _____

General Information:

Were you referred to Bonavista Physical Therapy? _____

If "YES", by whom? _____

If "NO" how did you hear of us? DR. ___ Friend ___ Website ___ Other ___

What are your goals and expectations of Physical Therapy? _____

Fees for physiotherapy are as follows:

1. Private: \$98.00 First visit (assessment & treatment)
\$80.00 Subsequent treatments (Seniors: \$70.00)
2. Acupuncture and IMS: \$98.00 First Visit (assessment & treatment)
\$85.00 subsequent treatments
3. MVA (for accidents not covered under protocol)
\$150.00 first visit (assessment & treatment) \$88.00 subsequent treatments
4. Vestibular: \$120 first visit (assessment & treatment) \$85 subsequent treatments

A **\$40.00** fee may be charged for failing to attend your appointment, or failing to **cancel 12 hours prior to the appointment.**

Physiotherapists practice within a code of ethics and a privacy policy is in place.

In case of an emergency in this office, your therapist or another staff member will inform you of evacuation procedures.

Please sign in space provided in acknowledgement and understanding of the above, as well as authorizing permission for my physical therapist to communicate with and receive information from my doctor and radiologist.

Signature _____ **Date** _____

(if under 18 years of age, legal guardian's signature)