

BONAVISTA PHYSICAL THERAPY
739 LAKE BONAVISTA DR. SE
CALGARY, AB T2J 0N2

(MVA INTAKE)

PLEASE PRINT

E-mail Address _____

Name _____ Birth Date: M ___ D ___ Y ___
(last) (first) (middle initial)

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

Home Address _____ M / F (please circle)

City _____ Province _____ Postal Code _____

Home Phone _____ Work Phone _____

Date of Accident _____ Cell Phone _____ -

GENERAL INFORMATION:

Have you received physiotherapy treatment in the past year? _____

If so, where? _____

Is your injury due to a motor vehicle accident? _____

Is your injury due to an accident at work? _____

Were you referred to Bonavista Physical Therapy? _____

If yes, by whom? _____

If no, how did you hear of us? _____

What are your goals and expectations of Physical therapy? _____

Are you currently receiving any other treatment for this injury? _____

If at any time you do receive adjunct therapy, please inform us, as this will affect the funding for your physiotherapy (i.e. – chiropractic, massage)

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 18yrs, legal guardian's signature)