

Bruce County Chiropractic And Rehabilitation Center

5098 Highway 21 Port Elgin, ON N0H 2C5

NEW PATIENT INTAKE FORM

Patient # _____ Date: _____

Name: _____

Address: _____ PO Box: _____

City: _____ Postal Code: _____

Home Phone # _____ Work# _____

Date of Birth (DD/MM/YYYY): _____ Age: _____ Height: _____ Weight: _____

What is your occupation? _____ Gender: _____

Emergency Contact _____ Phone Number: _____

Email Address for Appointment Reminders: _____

Preference for Email Reminders: 24 hours prior to appointment __ 48 hours prior to appointment __

Have you ever consulted a Chiropractor/ Physiotherapist previously? Y / N

If yes name _____ Last visit date: _____

Medical Doctor's Name: _____ Last visit date: _____

Would you like us to correspond with your medical doctor regarding your treatment Y/N

If required I give my practitioner permission to access any medical imaging required for my treatment on My Vue Y / N

What is your chief complaint: _____

When did you first notice the symptoms: _____

Any car accidents, falls, fractures?

Type of Injury _____ Date: _____

Type of Injury _____ Date: _____

Type of Injury _____ Date: _____

Previous Surgeries

Type of Surgery _____ Date: _____

Type of Surgery _____ Date: _____

Patient # _____

How did you hear about us? Please circle

Yellow pages, Radio advertisement, Friend or Relative, Other _____

Referred from _____

Please fill out the following options regarding communicating with you

Please call Home phone: Leave message? Y/N

Please call Work Phone: Leave message? Y/N

Please call Cell Phone: Leave message? Y/N

Please do not call

Consent

I agree and understand that I am responsible for all charges relating to my visit

Date: _____ Signature: _____

Date: _____ Guardian: _____

If patient is under 18 years of age

Please note:

All accounts are the responsibility of the patient. Your supplemental or extended health care insurance plan may provide coverage for Chiropractic/ Physiotherapy / Registered Massage / Naturopathic services. We will issue a receipt for each payment for this purpose.

Our fees for service are listed on our front desk. Please ask any questions you have regarding our service fees.

*Bruce County Chiropractic And Rehabilitation Center
Patient Centered Care*