

PATIENT INTAKE INFORMATION

Patient Information			
Last Name:	First Name & Middle Name:	Gender:	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Phone (Work):	Phone (Home/Cell):	Email:	
Address:	City:	Postal Code:	
Birthdate (mm/dd/yyyy):	Personal HealthCard #:	Emergency contact and phone #:	
Date of Injury (mm/dd/yyyy):	Claim Type:	Relationship:	
	<input type="checkbox"/> WCB <input type="checkbox"/> MVA <input type="checkbox"/> Personal	Employer and Occupation:	
Medical Team			
Family Physician:	Referring Physician:	Specialist(s):	
How did you find our clinic?			
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Signage <input type="checkbox"/> Existing patient <input type="checkbox"/> Friend / Family <input type="checkbox"/> Internet <input type="checkbox"/> Family Physician <input type="checkbox"/> Referring Physician <input type="checkbox"/> WCB/Insurance <input type="checkbox"/> Newspaper/Magazine <input type="checkbox"/> Other: _____			
Fill out only if WCB or MVA			
Claim Number:	Adjuster Name:	Adjuster Phone #:	Adjuster Fax #:
Fill out only if DVA			
Veteran Affairs #: _____			
Extended health insurance. ** Bring your policy number and our office staff will check your coverage			
Ins. Company _____ Policy # _____ Employee ID # _____			
Physiotherapy coverage:	Massage Therapy coverage:	_____ coverage:	
Yearly max: _____ <input type="checkbox"/> Doctor's note required? Details:	Yearly max: _____ <input type="checkbox"/> Doctor's note required? Details:	Yearly max: _____ <input type="checkbox"/> Physio note required? <input type="checkbox"/> Doctor's note required? Details:	

OFFICE SECTION ONLY			
Assessment date	Description (le MVA – Shoulder)	Primary provider	Billing office
			Advantage Health
WCB/MVA diagnosis cd	WCB body part#	WCB injury #	End date
The following must be complete for all new patients: <input type="checkbox"/> Patient has adequate coverage for therapy <input type="checkbox"/> All fields on all new patient forms are complete <input type="checkbox"/> All fields on this form are entered on computer program			