



Pahl Physiotherapist Corp.

#1 - 140 West 1st Ave, Qualicum Beach, BC V9K 2R5
Phone: (250) 752-3212 Fax: (250) 752-3275
Email: qbphysio@shaw.ca

Cory Pahl, BMR,PT
Connor Malbon, MSc PT, MSc Kin

Please Note: We require 24 hours notice for appointment cancellations. There will be a \$15 charge for any missed appointments or late cancellations

- New Patient
Returning Patient

NAME: PHONE #:
ADDRESS: DATE OF BIRTH:
City: CARE CARD #
Postal Code: CLAIM #
Occupation: List of sports and/or recreational activities

TELL US WHAT AREA OF THE BODY NEEDS TREATMENT

X-RAYS, MRI'S OR ULTRASOUNDS TAKEN RELATED TO THIS INJURY..... YES NO

How did you hear about us? Doctor Newspaper Yellow Pages Website
Friend/Relative - name Other
Would you like to receive our monthly physiotherapy tips by e-mail - if yes, please provide your e-mail address
E-Mail Address

IF A MINOR, LIST GUARDIAN'S NAME & ADDRESS:

FAMILY DOCTOR: SPECIALIST:

DO YOU PRESENTLY HAVE, OR EVER HAD ANY OF THE FOLLOWING (please indicate)

- High Blood Pressure Thyroid Dysfunction Osteoporosis
Heart Disease Diabetes Parkinson's Disease
Cancer Rheumatoid Arthritis Fibromyalgia
Lung Disease Hepatitis - A, B, or C (Please circle) HIV

DO YOU HAVE ANY OTHER MEDICAL CONDITION

DO YOU HAVE A PACEMAKER..... YES NO

ARE YOU PREGNANT YES NO

MAJOR SURGERIES (include year)

MEDICATIONS (or what the medication is used for)

HAVE YOU VISITED PHYSIOTHERAPY, CHIROPRACTOR, MASSAGE THERAPY OR CHIROPODY ANYWHERE THIS YEAR?

YES NO If yes, how many treatments in total

I, give permission for the therapist to discuss my treatment with my doctor or other health professionals when required, and for Qualicum Physiotherapy Clinic to request, receive or send any medical reports, results or notes when required.

Signature: Date:

If you receive MSP premium assistance or are here under an ICBC or WCB claim, please complete reverse side of this form

All Health Care BC (MSP) Premium Assistance / WorkSafe BC (WCB) patients are required to sign the following 'Assignment of Payment' which authorizes our clinic to bill directly to Health Care BC / WorkSafe BC.

I, _____ (patient) authorize Health Care BC to pay Connor Malbon / Cory Pahl, (Practitioners) directly for all reimbursements for benefits payable to me under the Medical and Health Care Services Regulation for care provided to me by said Practitioner. I make this assignment in full knowledge of the amount that I will be personally responsible for and the amount that will be reimbursed by Health Care BC, which will be directed to Ezra Canfield / Cory Pahl/ Connor Malbon (Practitioners) to be applied against any outstanding monies I owe for service provided.

Health Care BC Practitioner #'s Cory Pahl -46723/ Connor Malbon - 55733

This form allows the above-named Practitioner to receive your Health Care BC reimbursement directly for services that are Health Care BC benefits. Your Practitioner, by law, must advise you of his/her full fee and what portion will be reimbursed by Health Care BC. By agreement, your Practitioner may not charge you the portion reimbursable by Health Care BC.

Signature of Patient: _____ Patient's Name _____
Please print

Date: _____ Care Card # _____
Claim # _____

HEALTH CARE BC – PREMIUM ASSISTANCE PATIENTS

Effective January 1, 2002 only MSP (Health Care BC) card holders who receive premium assistance are eligible for a combined annual limit of 10 visits which can include physiotherapy, massage therapy, chiropractic, naturopathy and non-surgical podiatry per calendar year. **Any visits over the 10 covered by MSP will be billed at the private rate. Therefore, it is critical that you tell us if you are having therapy elsewhere and have used any of the 10 visits.**

Signature _____

COST OF TREATMENT –

	Private Visits	Patients with MSP premium assistance
Initial Appointments	\$90.00	\$55.00
Subsequent Appointments	\$85.00	\$50.00
Home Visits	\$100.00	\$77.00
Prolonged Treatments	\$100.00	\$70.00
Vestibular/Neurological Appointments.....	\$90.00	\$60.00
Telehealth Appointments.....	\$60.00 – unable to bill a reduced rate for MSP as MSP does not cover Telehealth appointments.	

ICBC (Motor Vehicle Claims) Date of Accident: _____ **Claim#** _____

Are you working with a lawyer -- Yes No

If you are working with a lawyer, please have them contact our office to discuss their requirements for us to correspond with ICBC.

Lawyer's Name: _____ Lawyer's Phone #: _____

I give consent for information regarding this injury to be shared with my legal counsel, ICBC adjustor, case manager or representative. **Signature** _____

Are you currently working? ___ Full-time ___ Part-time ___ Gradual Return to Work Program

Occupation _____

RCMP

Officer's Name _____ Health Identification # _____

Unit / Detachment _____ Division _____ Collator _____

Telephone # _____

Signature _____