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

Cory Pahl, BMR,PT
Ezra Canfield, BSc, Kin, MSc.PT
Connor Malbon, MSc PT, MSc Kin

☐ New Patient
☐ Returning Patient

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

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NAME: ____________________ **PHONE #:** ____________________

ADDRESS: ____________________ **DATE OF BIRTH:** ____________________
City: ____________________
Postal Code: ____________________ **CARE CARD #** ____________________
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** ☐ **NOf**
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 / Ezra Canfield / 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 Ezra Canfield – 50660 / 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 # ____

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	With IMS Surcharge
Initial Appointments	$85.00 …………………….......	$90.00
Subsequent Appointments	$80.00 …………………………	$85.00
Home Visits	$90.00	
Prolonged Treatments	$90.00 …………………………	$95.00
Vestibular/Neurological Appointments	$90.00	
Telehealth Appointments	$60.00 – unable to bill a reduced rate for MSP as MSP does not cover Telehealth appointments.	

Patients with MSP premium assistance $30.00 off the cost of Assessment/Treatment

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