



## Pro Bono Treatment Application Form

### Section 1 – Personal Information

- Full Name: \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Email: \_\_\_\_\_
- 

### Section 2 – Eligibility Information

To qualify, applicants must demonstrate an annual household income below \$20,000.

- Annual Household Income: \$ \_\_\_\_\_
  - Number of Dependents: \_\_\_\_\_
  - Proof of Income (attach):
    - ☐ Notice of Assessment (CRA)
    - ☐ Social Assistance Statement
    - ☐ Other (please specify): \_\_\_\_\_
- 

### Section 3 – Health & Treatment Needs

(This is to ensure treatments are safe and appropriate.)

1. What are your main health concerns?

---

---

---

---

2. Have you received manual osteopathic therapy before?

☐ Yes ☐ No

3. Do you have any medical conditions we should be aware of?

☐ Heart condition

☐ Diabetes

☐ Cancer

☐ Osteoporosis

☐ Recent surgery

☐ Other: \_\_\_\_\_

---

#### **Section 4 – Consent & Acknowledgement**

- I confirm that the information provided is true and complete.
- I understand that approval is based on financial need and available funding.
- I understand that treatments are provided by licensed professionals or supervised students, and that treatments may be limited depending on availability.
- I consent to the Wood Buffalo Massage & Osteopathic Therapy Clinic Foundation collecting and reviewing this information for the purpose of determining eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

#### **Section 5 – Office Use Only**

- Application Reviewed By: \_\_\_\_\_
- Date: \_\_\_\_\_
- Approved: ☐ Yes ☐ No
- Notes: \_\_\_\_\_