Patient Intake Form

DALHOUSIE Physiotherapy Clinic

Demographic & Contact information

First name: _____ Last name: _____ Birth Date: _____ (dd/mm/yyyy)

Gender: ☐ Male ☐ Female ☐ Non-Binary

☐ Dal Student # _____

☐ Kings Student # _____

☐ Dal Varsity Team _____

☐ Dal Club Team _____

- Address: _____ City: _____
- Prov: _____ Postal Code: _____ ☐ Permanent ☐ Local
- Email: _____
- Home (p): _____ Cell (p): _____ Work (p): _____
- Occupation: _____ Employer/School: _____
- Family Physician: _____

Method of referral:

☐ Internet ☐ Social Media ☐ another Patient ☐ Coach ☐ Trainer ☐ Dal Student Health

☐ Health care provider ☐ Family Physician ☐ Specialist ☐ Other: _____

Insurance Information

The DPC can direct bill most insurance companies!

Primary Insurance provider: _____ ☐ Dal Occupational Health?

Plan/Policy #: _____ Plan ID#: _____ ☐ Dal student Coverage ☐ Kings Coverage

Primary Card holder: _____ Relationship: _____

Will your insurance be going through a Motor Vehicle Accident? ☐ Yes

Insurance: _____ Claim #: _____ Date of accident: _____

Case Manager: _____ E-mail: _____ (P): _____

Signature: By signing below, I certify that all information above is correct and true to best of my knowledge. I also understand and agree that I am responsible to pay any outstanding balance on my account after each session; as these treatments are not covered by provincial health care.

Signature: _____

Parent/Guardian Signature: _____ *Date:* _____
(If under the age of 18)