DYNAMIC BALANCE
Physiotherapy & Sports Injuries Centre

11 Gibb Street
Oshawa, ON L1H 2J9
T: 905-404-3434
F: 1-866-623-8188
E: info@dynamicbalancephysio.com

Patient Information

Last Name:	First Name:	Date of Birth: DD | MM | YYYY | |
Street Address:	City:	Postal Code:
Email:	Cell Phone Number:	Home or Work Phone Number:
Employer:	Occupation:	
Family Doctor Information: Name: Phone No:	How did you hear about our Clinic?	
Was your injury due to a Motor Vehicle Accident (MVA)? ☐ YES ☐ NO – **If "YES" Complete Section A & C**		
Was your injury due to a Workplace Accident? ☐ YES ☐ NO – **If "YES" Complete Section B & C**		
If your injury was ***NOT*** due to an MVA or a Workplace accident please complete **Section C**		

Section A - Motor Vehicle Accident (MVA)

Name of Insurance Company:	Date of Accident:	Claim #:	Policy #:
Adjuster Name:	Adjuster Phone#:	Adjuster Fax#	
Is your Accident Benefit Package completed? ☐ YES or ☐ NO	Is your Accident Benefit Package submitted to your insurance? ☐ YES or ☐ NO		

Section B – Workplace Accident (WSIB)

Date of Injury:	WSIB Claim #:	Did you report the accident to your employer? ☐ YES or ☐ NO
Address of Employment:	Employers #:	Employers #:
Supervisors Name:		

Section C – Extended Health Benefits Information

Name of Insurance Company:	Name of Policy Holder:	
Name of Employer of Policy Holder:	Contract/Policy #:	Certificate/Identification #:

**** TURN OVER TO COMPLETE INTAKE ****

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Health History Information

Please check ANY that currently apply to you:

☐ Allergies ☐ Cardiac Issues ☐ Hemophilia ☐ Pacemaker
☐ Aids/HIV ☐ Diabetes ☐ High Blood Pressure ☐ Pregnant
☐ Cancer ☐ Epilepsy ☐ Low Blood Pressure ☐ Recent Surgery
☐ None of the above apply to me

Treatment Information

Physiotherapy treatment techniques recommended to you may include, but are not limited to: manual techniques, spinal manipulation, therapeutic exercise, electrotherapeutic modalities, as well as other techniques and procedures your treating physiotherapist determines may improve your function. Your physiotherapist will explain the benefits, side effects and potential complications of each chosen technique before use.

- What to expect in the assessment and treatment;
- Who will be performing the assessment and treatment;
- The reasons why I should have the assessment/treatment
- The alternatives to having the treatment;
- What might happen if I do not have the assessment/treatment
- Any potential risks and/or side effects for the assessment and recommended treatment.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program provided by ***Dynamic Balance Physiotherapy and Sports Injuries Centre***. My consent is voluntary for the entire course of assessment and treatment for my present condition, commencing on the date indicated below.

Consent to Release Information

I hereby authorize Dynamic Balance Physiotherapy & Sports Injuries Centre to release information concerning my assessment, treatment, attendance and progress to those who information is relevant for my care. I understand that I can revoke this authorization by written writing at any time.

Cancellation Policy

A 24-Hour Cancellation Policy applies to your consultation appointment times. Failure to provide enough notice when cancelling appointments will result in a NON-insurable $20.00 physiotherapy charge.

Note: If you are unable to attend your scheduled appointment, the practice will, depending upon availability, provide you with an alternative appointment time on your scheduled day of service, so as to avoid a cancellation fee being charged.

Patient Name: _____

Patient Signature: _____ Date: _____