D'ARCY BAIN PHYSIOTHERAPY
We set the standard with care.

PATIENT INTAKE FORM

PERSONAL INFORMATION

Name -
(Preferred Pronouns): Date of Birth (M/D/Y) - / /

Address -
City Province Postal Code

Phone #: Cell Phone - Home -

Email - May we communicate with you through: **Email** ☐ Yes ☐ No and/or **Text** ☐ Yes ☐ No

MB Health Card #: 6 Digit - 9 Digit -

Family Doctor - ☐ Referral from a Doctor (please hand to front desk)

Employer - Occupation -

Injured Area/ Area(s) of Concern -

☐ X-Ray ☐ MRI/CT scan → Date (M/D/Y) - / / Location -

Current involvement with other Health Care Professionals (i.e. massage therapists, chiropractors, athletic therapists, other):

☐ **Emergency Contact or** ☐ **Guardian (for patients under the age of 18)**

Name - Relationship - Phone # -

EXTENDED HEALTH CARE INSURANCE COVERAGE

Primary Insurance Company -

Plan Holder Name - Date of Birth (M/D/Y) - / /

Group/Plan # - Certificate/ID # -

☐ **WCB** / Work Injury ☐ **MPI** / Motor Vehicle Accident ☐ **Are you off work because of the accident/injury?**

Date of Incident (M/D/Y) - / / Claim # -

CONSENT

I hereby consent to treatment at D'Arcy Bain Physiotherapy at the discretion of the attending therapist. I understand that payment for services received at the clinic is my responsibility. If my treatment services are to be submitted directly to an outside agency for payment, and for some reason the third-party payer (WCB/MPI), insurance or employer, denies the claim or refuses to pay all or any of the full amount billed, I am responsible for paying the amount outstanding.

Signature: _____ Date: _____

CANCELLATION POLICY

Our clinic requires *24-hour notice* for cancellations

*I understand that there is a **$40 fee / $50 (specialized services – Vestibular & Pelvic Floor)** for cancelled or missed appointments if insufficient notice is given. I also acknowledge that third party funders may not pay for cancellation charges, and that I will be personally responsible for applicable fees.*

Signature: _____ Date: _____

PAYMENT REQUIRED AFTER EACH VISIT PLEASE (CASH/CHEQUE/DEBIT/MC/VISA)