MONTEBELLO Physiotherapy
& Sport Rehabilitation

118 Lake St, St Catharines, ON, L2R 5Y1 P: 289-438-9920 F: 289-273-2820 E: montebellophysio@live.com

Client Information Sheet **Date:** _____

Personal Information

Patient Name: Last name: _____ First: _____

Address: _____

_____

City Province Postal Code

Telephone: Home: (___)_____ Work: (___)_____

Cell: (___)_____ Email: _____

Date of Birth (D/M/Y): _____ Date of Injury (D/M/Y): _____

Occupation: _____

Physicians Information

Physician`s Name: _____ Telephone: (___)_____

Address: _____

_____

Diagnosis	**Please Circle for Billing**		
Area of Injury:	Private Client	YES	
	Extended Health Care	YES	_____
_____	Motor Vehicle Accident	YES	signature
	Workplace Injury	YES	

Patients with Extended Health Benefits

I authorize Montebello Physiotherapy and Sport Rehabilitation to complete direct billing to _____on my behalf for services provided. Signature: _____

Any outstanding balances will be invoiced to you. If you want us to track this please provide your: Yearly coverage _____, any percentage and deductibles _____, as well as the finical year of your plan _____.

Referral

How did you hear about Montebello Physiotherapy? _____

Montebello Physiotherapy & Sport Rehabilitation is a division of Montebello Physiotherapy Inc.

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All treatments provided by a registered physiotherapist.
Josh Droppert PT, BSc Kin, MPT **Meghan McKay PT, B.Kin, MSc PT**
Caitlin Pauls PT, BScHs, MSc PT **Max Greatrix PT, MScPT, HBScKin**

Treatment Cost

- Professional services provided are not covered by O.H.I.P., all bills are to be paid after each treatment.
- Treatment costs are $80.00 for the initial assessment and $60.00 for each subsequent treatment.
- Your treatment will include some or all of the following depending on your specific condition; education, mobilization, manipulation, acupuncture, massage, passive and active stretching, or myofascial release. Please do not hesitate to ask any questions regarding your treatment. Any complication or side effects will be discussed with you as deemed necessary or required.

We respect your treatment and set individual appointment times, in return we ask for a minimum of 4 HOURS notice to cancel an appointment or you will be charged a $30.00 fee. Initial _____

Patient Consent

- I agree and consent to a physiotherapy assessment and treatment by a registered physiotherapist. I have read and understand the polices above and agree to stand by these conditions. I additionally provide consent for my physiotherapist to communicate with and release information to other health practitioners who are involved in my treatment program.
- I understand that all my medical records will remain confidential by my physiotherapist and will not be released without my written consent to anyone other than those mentioned above, except where required by law. **Initial _____**

Privacy Act

- Starting January 1, 2004 physiotherapist require signed consent to collect, utilize, and disclose any personal information for each patient.
- Your information is required for the following:
    - To set up the most appropriate treatment for your health condition.
    - To consult with other health practitioners involved in your treatment.
    - To help our office communicate with you regarding your treatment.
    - To collect payment for your account.
    - To comply with the regulatory requirements of the Ontario College of Physiotherapist.
- We understand it is important to protect your personal information and therefore have procedures in place to protect your information.
- If your personal information is required for any reason not mention above, we will require your signed consent prior to any disclosure.
- You may choose to withdraw your consent at any time by submitting your request in writing.

I have reviewed all the above information and understand how my personal information will be used by this office. I further understand that this office is taking steps to protect my personal information.

_____	_____	_____	_____
Name (print)	**Signature**	**Date**	**Signature of Witness**