

MONTEBELLO **Physiotherapy** >>> & Sport Rehabilitation

118 Lake St, St Catharines, ON, L2R 5Y1 info@montebellophysio.com 4383 Portage Road, Niagara Falls, ON L2E 6A6

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): _____										
Occupation: _____										
Physicians Information										
Physician`s Name: _____ Telephone: (____) _____										
Address: _____ _____										
Diagnosis	Please Circle all types of Billing									
Area of Injury: _____ _____	<table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Private Client</td> <td style="padding: 2px; text-align: center;">YES</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Extended Health Care</td> <td style="padding: 2px; text-align: center;">YES</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Motor Vehicle Accident</td> <td style="padding: 2px; text-align: center;">YES</td> <td style="padding: 2px;">signature</td> </tr> </table>	Private Client	YES		Extended Health Care	YES	_____	Motor Vehicle Accident	YES	signature
Private Client	YES									
Extended Health Care	YES	_____								
Motor Vehicle Accident	YES	signature								
Motor Vehicle Accident										
Claim Number: _____ Date of Accident (D/M/Y): _____										
Insurance Company: _____										
Have you lost days of work: YES NO Are you on modified duties: YES NO										
Claim Adjuster Last name: _____ First: _____										
Telephone: (____) _____ ext _____										
Extended Health Benefits: for MVA claims approval, you must disclosed all extended health benefits <input type="checkbox"/> NO <input type="checkbox"/> YES (please provide details for)										
Insurer 1: Insurer Name: _____ Plan or Policy Name: _____ Plan Member Name: _____ (Last) _____ (First)										
Insurer 2: Insurer Name: _____ Plan or Policy Name: _____ Plan Member Name: _____ (Last) _____ (First)										
Referral? How did you hear about Montebello Physiotherapy? _____										

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All treatments provided by a registered physiotherapist.

Josh Droppert PT, BSc Kin, MPT

Max Greatrix PT, HBSKin, MScPT

Caitlin Pauls PT, BScHs, MSc PT

Treatment Cost

- Professional services provided are not covered by O.H.I.P., all bills are to be paid after each treatment.
- As per Ontario law all treatment costs will first be billed to private health insurance and the remaining balance to the auto insurance company; however, it is up to the patient to continually inform the clinic with any changes in their claim.
- 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 policies 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 physiotherapists 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 mentioned 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

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