



## OKANAGAN HEALTH & PERFORMANCE

Family & Sports Chiropractic, Massage Therapy & Physiotherapy

104-1100 Lawrence Ave, Kelowna, BC, V1Y-6M4

[www.ohpkelowna.com](http://www.ohpkelowna.com)

(250) 860-6295

Fax: (250) 860-2424

### Muscle Activation/Physical Therapy Patient Registration

First Name \_\_\_\_\_ Initial \_\_\_\_ Last Name \_\_\_\_\_ CareCard # \_\_\_\_\_

Birth Date: MM \_\_\_\_ DD \_\_\_\_ YY \_\_\_\_ Age: \_\_\_\_ Gender: M F

Address: \_\_\_\_\_ City \_\_\_\_\_ Province: \_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: *(for reminders, newsletter, programs)* \_\_\_\_\_

Occupation: \_\_\_\_\_ F/T P/T Not currently working

How did you hear about us? Referred by: \_\_\_\_\_ Phone book \_\_\_\_ Sign \_\_\_\_ Other \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Is this a work related injury? Y N

Are you currently seeing anyone else for this diagnosis? Y N

Please list;

\_\_\_\_\_

If you are seeing another health professional for this problem, may the physical therapist discuss your case with him/her to aide in your total care? Y N

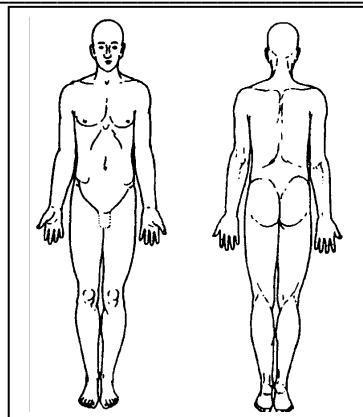
### Lifestyle History

Sports/Activities you are involved in: \_\_\_\_\_

I am seeking treatment today to: \_\_decrease pain \_\_improve daily function \_\_improve sport performance \_\_ assess body mechanics \_\_learn some basic exercises I can do at home \_\_have an individualized strength or sport-specific training program designed \_\_find out what fitness program would be best for me.

Other; \_\_\_\_\_

Please mark where your symptoms are;



On a scale of 0-10 (0=no pain, 10=worst pain ever), please rate your pain: \_\_\_\_/10

On a scale of 0-10 (0=no stress, 10=highest stress), please rate the stress level in your life: \_\_\_\_/10

## Medical History

Please list any special tests you have had, including dates; (MRI, x-ray, blood test, CT Scan, etc.)

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Please list any medications/supplements you are currently taking:

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Please list any surgeries you have had, including the date:

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Please list any illnesses or conditions that affect you (ie: heart condition, neurological problems, high blood pressure, arthritis, etc)

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## Policies

### Payment

Payment for services by physical therapy are due at the time of treatment. A portion of services may be reimbursable through your insurance company, depending on individual coverage.

OHP will aide in filling out paper work necessary for you to submit a claim, but will not bill your insurance directly.

### Cancellation/Missed Appointments

Due to the individualized attention of appointments, the cancellation/missed appointment policy is important. Please call 24 hours prior to your appointment to cancel or reschedule. If an appointment is not cancelled within 24 hours from the time of treatment, you will be charged a full treatment session.

**Please be considerate of others who are waiting for appointments!**

I, the undersigned, give consent to evaluation and treatment with Sheri Shelton, Physical Therapy/Muscle Activation. This is intended for consent to all future treatments and recommendations given by the Physical Therapist with OHP.

I also authorize the release of medical and billing information, by Okanagan Health and Performance, to my physician or Insurance company, if requested.

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**Patient/Legal Guardian Signature**

**Date**