



Weber Sports Physiotherapy Clinic Inc.

5420 45th Street Red Deer, AB T4N 1L1 Office (403) 348 5100 Fax (403) 348 5102

Your Name PLEASE PRINT	First:	Last:	
Date of Birth:	Month:	Day:	Year:
Address:			
City:		Province:	Postal Code:
Primary Phone Number:		Other Phone:	
Alberta Health Care Number:			
Email Address: <i>*For appointment reminders*</i>			Would you like to receive our e-newsletter? YES/NO
Physician:		How did you find out about the clinic?	Occupation:
If you are under the age of 18:	Name of Parent/Guardian:	**Please be aware we <u>DO NOT</u> have a contract with WCB** If your claim has potential to be a Worker's Compensation Claim please inform us <u>immediately</u>.	

PAST MEDICAL HISTORY

DO YOU HAVE A PACEMAKER? YES/ NO

(please circle all that apply) Heart Problems / Hypertension / Diabetes / Hypoglycemia / Cancer / Seizures / Thyroid Dysfunction / Asthma / Chronic Bronchitis / Smoker / Osteoarthritis / Rheumatoid Arthritis / Stroke / Kidney Problems / Depression / Preeclampsia / Osteoporosis / DVTs

Previous Surgeries: _____

C-Sections: _____ Women's Health Concerns: _____

Epilepsy/Seizures/Head Injury/ Dizziness/Fainting Spells: _____

Allergies: _____

Other Medical Conditions: _____

Medications: _____

******Please be aware as of January 1st 2016 we have changed our cancelation policy to at least 24 hours' notice for cancelations or you will be charged the full amount for your appointment******

CONSENT FOR SERVICE AND RELEASE OF INFORMATION

I, _____ (signature of Client or legal Guardian) **Date:** _____

Consent to receiving rehabilitation services from

WEBER SPORTS PHYSIOTHERAPY CLINIC INC.

Services may include: heat therapy, muscular stimulation, acupuncture, joint/spinal mobilization/manipulation, myofascial release, interferential, gait analysis, and exercise prescription.

Personal information about me may be shared amongst health professionals and other who are providing services to me. I acknowledge that no guarantees have been to me as to the results of the services. This consent is effective until such time as I withdraw my consent in writing.