



# Weber Sports Physiotherapy Clinic Inc.

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

Your Name PLEASE PRINT	<b>First:</b>	<b>Last:</b>	
<b>Date of Birth:</b>	<b>Month:</b>	<b>Day:</b>	<b>Year:</b>
<b>Address:</b>			
<b>City:</b>		<b>Province:</b>	<b>Postal Code:</b>
<b>Primary Phone Number:</b>		<b>Other Phone:</b>	
<b>Alberta Health Care Number:</b>			
<b>Email Address:</b> <i>*For appointment reminders*</i>			Would you like to receive our e-newsletter? YES/NO
<b>Physician:</b>		<b>How did you find out about the clinic?</b>	<b>Occupation:</b>
If you are under the age of 18:	<b>Name of Parent/Guardian:</b>	<b>**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>.</b>	

## 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 1<sup>st</sup> 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.