**Aurora Prime Physiotherapy & Sports Rehabilitation Centre**
372 Hollandview Trail Suite 107
Aurora, Ontario L4G 0A5
✆(905) 726-2252

# Client Information Form

## Contact Information

First Name
Last Name
Birthday M D Y
Home ✆
Business ✆
Cell ✆
Preferred ✆
Email 💻

Address ✉
City
Postal Code

## Emergency Contact Information

Name
Relation
Home ✆
Alternate ✆

## Physician Information

Family Dr.
Family Dr. ✆
Family Dr. Address ✉

Referring Dr.
Referring Dr. ✆
Referring Dr. Address ✉

## What brings you in today?

Have you seen a doctor about it? ❑
Is it a result of an injury? ❑
Or previously existing condition? ❑

From a Motor Vehicle accident? ❑
Or a Workplace accident? ❑
Has the injury been reported? ❑
Who was the injury reported to?

Date of injury:
Claim number:

## Clinic Policy

In certain circumstances we may contact you to confirm or re-schedule your appointment. Please indicate your Preferred Contact ✆ above. Should you wish to change your scheduled appointment, we ask that you give us 24 hours notice. If you do not notify us of appointment cancellation, you will be charged for your appointment. If your insurance does not cover any portion of treatment, you are responsible for full payment of the treatments.

## Attestation

By signing below I attest that the information I've given is true to the best of my knowledge;

**AND**

❑ I have read, and agree to adhere to the clinic policy as outlined above.
❑ I give my consent to assessment and treatment as explained to me by my Physiotherapist or Massage Therapist.
❑ I agree to share pertinent information regarding my treatment and health history with my Doctor and/or Lawyer as applicable.

Signature
Date