
Patient Information Form

Your Details:

Name: (First) _____ (last) _____

Address: _____ City: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email:

We require your email for administration and appointment reminder purposes. If you do not wish to receive information or marketing emails, please check

Occupation: _____

Family Doctor: _____ Referring Doctor: _____

Care Card No: _____ Date of Birth: (MM/DD/YYYY) _____

How Can We Help You (Main Concern)

Responsibility: Private

Our Policy

- We protect the privacy of your personal information by following CPTBC requirements.
- We ask for your signed consent to proceed.
- You consent to treatment
- Physiotherapy involves observation and palpation of the musculoskeletal system. Appropriate dress is shorts and singlet. We have these and gowns available. If you are concerned about your privacy, please advise the physiotherapist. You are welcome to bring a chaperone or if you feel uncomfortable at any time let your physiotherapist know.
- Payment is required at the time of consultation. We accept Visa, MasterCard, Debit (Interac) and Cash.
- To provide care and advise progress, we may need to communicate with your doctor. Your consent to share information may be withdrawn in writing at any time.
- **To cancel or change an appointment we require 24 hours notice so we can re-allocate our time. The usual fee will apply for missed appointments or late cancellations.**

I confirm the above information is correct and that I accept the policy of womenMD

Signature: _____ Date: _____