



749 River Valley Drive, Suite 2
 Grand Bay – Westfield, NB
 E5K 1B6
 Phone (506) 738-8299
 Fax (506) 738-2824

Physiotherapy • Massage • Fitness • Ergonomics

Atlantic Spine Program

PATIENT INFORMATION SHEET

Last Name: Mr. Mrs. Ms. Dr.	First Name:
Address:	City:
Province:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	
Email:	
Date of Birth:	Age:
Occupation:	Employer:
Physician referral:	
Family Dr:	Specialist:
What is your main complaint?	
Date of Injury/Accident:	
How did you hear about us?	
If you have had physiotherapy before, how did it meet with your expectations:	
Name of Health Insurance Company:	
Insurance company and claim number (if motor vehicle accident):	
Worksafe Claim No (if WS claim):	

Direct billing to insurance companies will be done following written authorization. Payment can be made by Cash, Visa, Master Card, or personal cheque. At Human Performance Centre we realize that nearly everyone is busy these days. We do our best to provide you with convenient appointment times. **In return we ask you to give us 24hrs notice if you need to change your appointment. When you don't give us 24 hour notice you will be charged for the appointment.**

I consent to be assessed by a physiotherapist/massage therapist and to participate in the treatment plan explained by my physiotherapist or massage therapist.

Signature _____ Date _____

Please complete medical information on back of sheet



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PATIENT INFORMATION SHEET

Are you currently taking any medication? Yes _____ No _____
If so please list

**Do you have any metal implants?
(ie. Plate or screws in joints) Yes _____ No _____**

Do you have a pacemaker? Yes _____ No _____

Do you have any of the following:

Cancer (Present or Past) Yes _____ No _____

Tuberculosis Yes _____ No _____

Blood Clots Yes _____ No _____

Circulatory Problems Yes _____ No _____

Epilepsy Yes _____ No _____

Diabetes Yes _____ No _____

High Blood Pressure Yes _____ No _____

Osteoporosis Yes _____ No _____

Rheumatoid Arthritis Yes _____ No _____

Any other medical problems- Please list

Are you pregnant or trying to get pregnant? Yes _____ No _____