



Escarpment Sports Medicine Centre

PATIENT INTAKE

PERSONAL INFORMATION			Date:	
Last Name		First Name		
Address				
City		Province		Postal Code
Date of Birth (ddmmyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home phone #	Cell phone#

Family Physician			
Address		Phone #	Fax #

WORK INFORMATION			
Employer		Occupation	
Address			
City		Province	Postal Code
Telephone #		Fax #	

How did you hear about our clinic:

Doctor Internet Yellow Pages
 Friend Drive by Other _____

At our facility we offer a variety of services. Please check those services you would be interested in obtaining further information:

Massage Therapy Braces/splints
 Acupuncture Pedorthist (orthotics)

Please note that payment is required after each treatment session



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Physiotherapy Consent For Assessment and Treatment

Physiotherapy is a form of rehabilitation that incorporates various modalities of pain relief, manual therapy and functional conditioning that target an individual's ultimate goal to return to or exceed his/her pre-injury function.

Before beginning treatment I acknowledge that the therapist needs to do an assessment. I understand that the assessment may aggravate my symptoms but it is necessary for the physiotherapist to find the origin(s) of my pain(s).

Patient signature

Date

Physiotherapy treatment consists of modalities, manual therapy, supervised exercise program and education. Mechanical modalities include interferential current (IFC), muscle stimulation (NMES), transcutaneous electric nerve stimulation (TENS), ultrasound, acupuncture, heat therapy and cold therapy. The physiotherapist will always screen each patient to ensure the appropriate use of any modality.

Manual therapy may include mobilization, stretching, muscle energy release techniques, massage and traction. There is also an inherent risk of aggravation of symptoms and discomfort during the treatment session. However, these methods have been shown in the literature to be useful and beneficial to an individual's recovery when deemed appropriate by the physiotherapist. All manual therapy will be performed and monitored only by the physiotherapist.

An active exercise component is always incorporated into a treatment plan with the goal of conditioning an individual back into their activities of daily living and/or sport. With this component of treatment comes the risk of muscle soreness, strain or aggravation of symptoms. However, the exercise program will be tailored to suit the needs and limitations of the individual and will be monitored by the physiotherapist and/or auxiliary staff. Pain and injury will weaken an individual's general physical state and therefore the exercise program is paramount to recovery. Each individual will be screened for the appropriateness of each exercise prescribed.

I, _____, have read the above information and understand the risks and benefits of having physiotherapy treatment and have agreed to proceed with the rehabilitation program as prescribed by my physiotherapist. Finally, I am aware that I have the right to refuse any treatment that I still feel is inappropriate for me after having been explained the risks and benefits.

Patient signature

Therapist signature



Escarpment Sports Medicine Centre

ESMC Cancellation Policy

Our cancellation policy enables us to better utilize available appointments for our patients in need of treatment.

If you need to cancel your appointment please call us at (905) 864-9945 at least 24 hours in advance.

Any cancellations with less than 24 hours notice (exceptions apply) may result in a \$25 charge to your account with us.

If you do not show up for an appointment and fail to notify us, a \$25 charge will be applied to your account.

I have read and understand the above.

Client's signature

Date

Witness