

Personal Information

Last Name		First Name		Initial	Date of Birth	Age:	
					YYYY	MM	DD
Address			City		Sex		
					<input type="checkbox"/> M <input type="checkbox"/> F		
Province	Postal Code	Home No.	Work No.		Are you a member of a fitness club?		
					<input type="checkbox"/> Y <input type="checkbox"/> N		
E-mail		Extended Benefits			Name of Insurance Carrier		
		<input type="checkbox"/> Y <input type="checkbox"/> N					
Emergency Contact		Contact No.					
How did you hear about Charlotte Savela?							

Medical Information

Did a physician refer you?		If yes, was there a diagnosis?	
<input type="checkbox"/> Y <input type="checkbox"/> N			
Was there any related testing (i.e. x-ray, MRI, bone scan, etc.)?			
Physician's Name		Phone No.	
Have you had physiotherapy before?		If yes, for what condition?	
<input type="checkbox"/> Y <input type="checkbox"/> N			
How long ago were you treated?			
Have you had any other related physical therapies (chiropractic, osteopathy, etc.)?		If yes, which one(s) and for what condition(s)?	
<input type="checkbox"/> Y <input type="checkbox"/> N			
Do you have a history of any of the following conditions?			
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart problems / coronary artery disease	<input type="checkbox"/> Stroke / CVA	<input type="checkbox"/> Cardiac pacemaker
<input type="checkbox"/> Circulatory problems	<input type="checkbox"/> Pins / plates / metal in body / fillings	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Respiratory disorders
<input type="checkbox"/> High / low blood pressure	<input type="checkbox"/> Peripheral vascular disease	<input type="checkbox"/> Infections	<input type="checkbox"/> Skin disorders / allergies
<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Neurological disorders	<input type="checkbox"/> Osteo arthritis	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Other:			
Women: Pregnant?		Number of pregnancies:	
<input type="checkbox"/> Y <input type="checkbox"/> N			

Patient Signature	Date