

Personal Information

Name:		Date:
Address:	City:	Province:
Postal Code:	Birthdate: (MM/DD/YYYY)	Home Phone:
Email:		Cellular Phone:
Birth Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Pronouns:	Occupation:

Care Card Number: ForWorkSafe, ICBC

Emergency Contact Information

Name:	Tel#:	Relationship:
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Medical Practitioner Information

Name:	Tel#:	City:
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Insurance Information

<input type="checkbox"/> Insurance Corporation of British Columbia (ICBC).	<input type="checkbox"/> Accepted	<input type="checkbox"/> Pending
<input type="checkbox"/> WorkSafeBC (WSBC)	<input type="checkbox"/> Accepted	<input type="checkbox"/> Pending
Claim Number: _____	Claims Specialist Name: _____	
Date of Injury/Accident: _____	Claims Specialist Tel#: _____	

Employers Name: _____ Tel#: _____

Employers Address: _____

How did you hear about us?

We are pleased you have chosen to come see us. Please let us know how you found out about us.

Friend/Relative Walk by Medical practitioner Internet Other: _____

Referred by: _____

Please Turn Over Page

*Please note: If you are seeing more than one practitioner, we can share this information for your convenience.

Consent, Scheduling & Fees

Please read the following consent, scheduling and fee policy and initial to indicate your understanding

CONSENT FOR ASSESSMENT & TREATMENT _____ Initial

I consent to participate in assessment and treatment at MaxFit Movement institute by my practitioner. I understand that my practitioner will collaborate with me in making decisions regarding my assessment and treatment. Should I have any questions or concerns about treatment I will discuss these with my practitioner. Should I choose not to participate in a portion of my treatment program I will notify my practitioner immediately.

SCHEDULING _____ Initial

- Appointments are scheduled during regular business hours to avoid patient wait times.
- Walk in patients are welcome, however scheduled patients will be given priority.
- In consideration of fellow clients and the practitioner please allow for a minimum of 24 hours' notice to change or cancel an appointment. You will be charged a missed appointment fee for cancelled or missed appointments at the practitioner's discretion.

FEES & PAYMENT _____ Initial

- Payment is expected in full for each visit. We accept cash, Interac and credit.
- Please notify us immediately if you are making a WorkSafe BC or an ICBC claim.
 - *If your injury occurred more than 8 weeks prior, you will be responsible for treatment fees until your claim is approved. If your claim is approved all fees will be returned.*
- We may be able to submit claims to your insurance company directly at your request. If they do not accept this form of submission payment will be required in full and a receipt will be issued to you for reimbursement.
- You agree and understand that you are responsible for all charges relating to your visit.
- Our current fee schedule is posted at the front desk. Should you have any questions about the fee schedule please ask your practitioner.

Name (Please Print)

Signature:

Date:

*Please note: If you are seeing more than one practitioner, we can share this information for your convenience.