



## Physiotherapy -Confidential Patient Questionnaire

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell : \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace Duties: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Who may we thank for referring you to our office?: \_\_\_\_\_

### CHIEF COMPLAINT

Please describe your chief health complaint: \_\_\_\_\_

How long have you had this condition: \_\_\_\_\_

Is it: *Becoming Worse* \_\_\_\_\_ *Getting Better* \_\_\_\_\_ *Constant* \_\_\_\_\_ *On/Off* \_\_\_\_\_

What makes it worse: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Please list any surgeries (with approximate dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

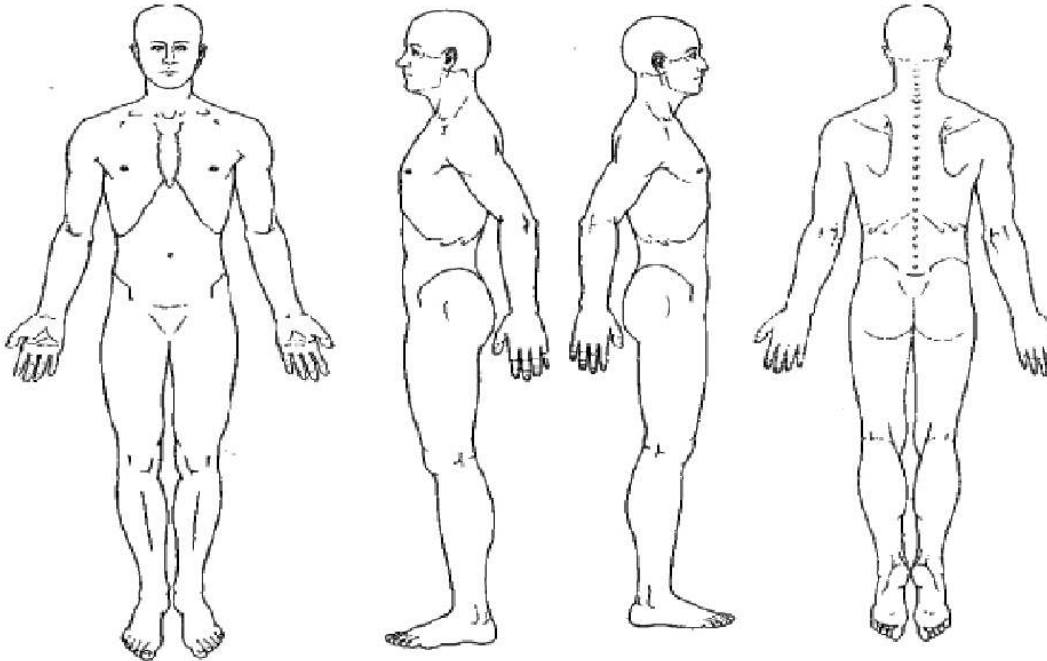
Are you taking medication? **YES** **NO** Please list all medications \_\_\_\_\_

\_\_\_\_\_

Have you been in a car accident in the last 2 years? YES NO

Accident Date: \_\_\_\_\_

Do you have an open claim with ICBC for this accident YES NO



**Please Indicate Painful Areas:**

**Patient/Therapist Agreement:**

**Initial Assessment/Re-Assessment.....\$130.00**

*Your initial assessment will determine subsequent bookings and charges.*

*Subsequent Extended Visit \$110.00 or Subsequent Visit \$90.00*

*Please note that Westwood Total health is a training facility for kinesiology students through Simon Fraser University and they may assist in your care. Initial\_\_\_\_\_*

It is our office policy to charge a fee equal to the visit fee if 24 hours notice is not given for the cancellation/missed of any appointment. Initial\_\_\_\_\_

***I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATED POLICIES WITH THIS OFFICE. I ALSO UNDERSTAND THAT FEES ARE DUE WHEN SERVICE IS RENDERED, AND THAT I AM RESPONSIBLE FOR PAYMENT IN FULL AT THE TIME OF SERVICE.***

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date