

RMT - CONFIDENTIAL PATIENT INTRODUCTION

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

(PHONE NUMBERS) CELL: _____ WORK: _____

HOME: _____ EMAIL: _____

DATE OF BIRTH: _____ OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

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Recent treatment: RMT Chiro Physio Other

Medication:

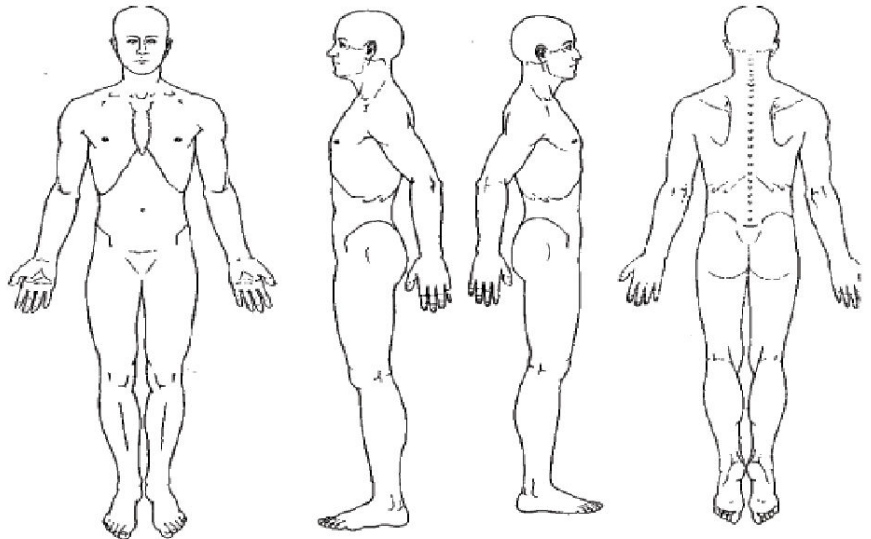
Major Illness, accident, surgery, implants?:

Do any of the following apply to you?

(Past and present)

- Cancer
- Diabetes
- Epilepsy
- Arthritis
- Heart condition
- High/low BP
- Arterial disease
- Varicose veins
- Respiratory problems
- Digestive problems
- Kidney problems
- Headaches
- Allergies
- Dizziness
- Nausea/vomiting
- Contagious disease
- Other: _____

Please indicate painful areas:



Chief Complaint: _____
 When/how did this condition begin: _____
 What aggravates it: _____
 What relieves it: _____
 If you are experiencing pain, stiffness, swelling, or limitation of movement, please list: _____
 Do you have a pending ICBC claim? _____

HAVE YOU EVER:

Been hospitalized for other than surgery	Y	N
Been treated for a spine or nerve disorder	Y	N
Used a cane, crutch or other support	Y	N
Been knocked unconscious	Y	N

DATE OF LAST:

	Within 12 months	Over 12 months
Physical Exam	_____	_____
Spinal X-ray	_____	_____
Blood Test	_____	_____
Urine Test	_____	_____

FOR WOMEN ONLY:

Date of last period: _____ Could you be pregnant? Y N Maybe

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PATIENT – THERAPIST AGREEMENT:

Patients are responsible for their accounts with us. **PAYMENT IS DUE WHEN SERVICE IS RENDERED.** If you cannot fulfill the agreement made with us, please advise us immediately.

30 minute visit.....\$65.00

60 minute visit.....\$120.00

It is our office policy to charge a fee equal to the visit fee if 24 hours notice is not given for the cancelation/miss of any appointment.

I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATED POLICIES WITHIN THIS OFFICE. I ALSO UNDERSTAND THAT FEES ARE DUE WHEN SERVICES ARE RENDERED, AND THAT I AM RESPONSIBLE FOR PAYMENT.

 Patient's Signature

 Date