

OSMC

Oakville Sports Medicine Centre

Client Information Form

Name :(First) _____ (Initial) _____ (Surname) _____

Address: _____

(City) _____ (Prov.) _____ (Postal code) _____

Phone: (Daytime) _____ (Evening) _____

(Cell phone) _____ Date of Birth: (MM/DD/YY) _____

Insurance Coverage: Athletic Therapy -Osteopathy-Physiotherapy- None (Please circle all that apply)

Email: _____

How would you like to receive future appointment confirmations? Email Call

In Case of Emergency:

Contact: _____ Relationship: _____

Phone: (Daytime) _____ (Evening) _____

Referral: _____

Main Complaint: _____

Diagnosis: _____

Medication: _____ Past Surgery: _____

X-Ray (Results): _____

Have you been seen by a physician for this particular problem? Yes No

Have you had or do you have any of the following? (Please check all that apply)

Arthritis or Rheumatism Asthma Allergies (specify) _____ Diabetes Headaches

Increased or Decreased Skin Sensation Epilepsy Fainting/Dizziness Swollen Joints Metal Implants

Heart Condition Painful Joints Skin Condition Blood Pressure Condition Pace Maker

Circulation Problems Dislocating Joints Hernia Major Falls

Motor Vehicle Accident (date) _____

Please specify any others: _____

(See other side)

Billing and No Show Policy

Oakville Sports Medicine Centre believes that to provide the highest quality of treatment to its clients, the therapists' time is best served providing treatment and not pursuing missed payments. Payment for services rendered by the Oakville Sports Medicine Centre is payable on the day which treatment is provided. **Subsequent treatments will not be given until payment in full has been received for any and all prior treatments.**

The services provided by Oakville Sports Medicine Centre are not covered by OHIP. Clients are responsible for payments. You may wish to contact your extended health insurer to see if Athletic Therapy or Canadian Trained Osteopathy DO (MP) is covered by your plan.

(Athletic Therapy or Osteopathy is not the same as Physiotherapy)

There is a high demand at our facility for appointments. **Patients are requested to provide Oakville Sports Medicine Centre with at least 36 business hours notice when cancelling and/or rescheduling an appointment.** Patients who fail to do so will be charged the Daily Treatment Rate. Two consecutive No Shows will result in removal from the Active Treatment List.

_____ Initial

Fee Schedule

1 Hour Assessment	\$145.00
½ Hour Therapy	\$80.00
1 Hour Therapy	\$150.00
Laser	\$25.00 (up to 15 minutes)
Issuing Duplicated Invoices	\$10.00

Prices are subject to change without notice

I fully understand the Billing and No Show policy and agree to abide by it.

Patient Name: _____ Date: _____

Signature: _____