

# 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 - 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 3 business days 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 | \$175.00 plus HST |
| ½ Hour Therapy    | \$95.00 plus HST  |
| 1 Hour Therapy    | \$175.00 plus HST |

*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: \_\_\_\_\_