

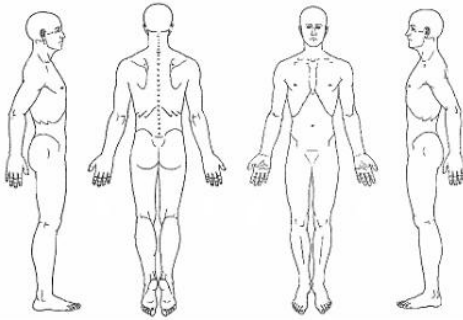


# NEW PATIENT INTAKE FORM

## Fit For Life Wellness & Rehabilitation Centre

3865 Major Mackenzie Drive, Units U101 & 102, Woodbridge, ON, L4H 4P4

Please indicate on the diagrams below, with an 'X', where you feel you feel your pain/discomfort/health concern.



Place a mark to indicate if you have had any of the following:

- |                                       |   |   |   |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> AIDS/HIV     | <input type="checkbox"/> Bronchitis         | <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Measles              |
| <input type="checkbox"/> Anemia       | <input type="checkbox"/> Diabetes I         | <input type="checkbox"/> Hernia           | <input type="checkbox"/> Mumps                |
| <input type="checkbox"/> Anorexia     | <input type="checkbox"/> Diabetes II        | <input type="checkbox"/> Herniated Disk   | <input type="checkbox"/> Osteoporosis         |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Eczema             | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Pacemaker            |
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Emphysema          | <input type="checkbox"/> Influenza        | <input type="checkbox"/> Pleurisy             |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Kidney Disease   | <input type="checkbox"/> Pneumonia            |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Fractures          | <input type="checkbox"/> Kidney Stones    | <input type="checkbox"/> Polio                |
| <input type="checkbox"/> Chicken pox  | <input type="checkbox"/> Gallbladder stones | <input type="checkbox"/> Liver Disease    | <input type="checkbox"/> Prosthesis           |
| <input type="checkbox"/> Breast Lump  | <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Miscarriage      | <input type="checkbox"/> Rheumatoid Arthritis |

Place a mark to indicate if you have had any of the following or as a result of your health condition today:

- Rheumatic Fever
- Stroke
- Small Pox
- Thyroid Disorder
- Tuberculosis
- Rheumatic Fever
- Ulcers
- Vertigo

### General

- Fatigue
- Allergies
- Trouble Sleeping
- Night Sweats
- Fever

### Eyes, Ears, Nose Throat

- Vision impairment
- Dental problems
- Sore throat
- Ear ache
- Ringing in the ear
- Hearing difficulty
- Trouble speaking

### Gastro-Intestinal

- Poor appetite
- Excessive thirst
- Nausea
- Vomiting
- Weight loss
- Constipation
- Diarrhea
- Haemorrhoids
- Abdominal cramps
- Gas/bloating after meals
- Heartburn
- Black/bloody Stool

### Cardiovascular

- Chest pain
- Short breath
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Lung disorders
- Chest congestion
- Blackouts/fainting
- Varicose veins
- Dizziness

### Male/Female

- Menstrual cramps
- Breast pain
- Menstrual irregularity
- Prostate enlargement

### Genito-Urination

- Bladder dysfunction
- Painful urination
- Excessive urination
- Discoloured urine

### Please Read and Sign:

I understand that Wellness & Rehabilitation Treatments (Chiropractic, Massage, Nutrition, Physiotherapy, Foot Doctor, Reiki, Acupuncture, etc.) are not covered by OHIP and are my payment responsibility. The fees are reimbursed by most extended health insurance plans, WSIB or MVA insurance. I understand that professional fees are payable at time service is rendered. Insurance reimbursement is my responsibility as a patient and client. There are **no refunds** on custom-made or special order items including orthotics and footwear. If my insurance plan can be billed direct (electronically), I allow permission for the clinic to bill on my behalf. I am responsible for the difference or any funds not paid by my coverage plan. I realize that treatment rates may vary based on the following: type of treatment provided, workers compensation coverage and motor vehicle insurance coverage.

Our team aims to accommodate all patients with a scheduled treatment time that works within their daily routine. We strive to take on new patients and last minute emergency treatments into our schedule. We always aim to stay on time with our appointments. Last minute cancellations (hours to minutes before a scheduled treatment) impact everyone concerned, including existing patient(s), practitioner(s) and new patients. Thus, we have created a **cancellation policy**, in order to enforce that appointments are attended or cancelled/rescheduled at least 1 day (24 hours) prior. In the case of a missed or last minute cancellation the below fees apply. While we do not make courtesy reminder calls, it is ultimately your responsibility as a patient to attend appointments that you have booked.

Missed Appointments:	
<p><i>Chiropractic &amp; Physiotherapy:</i></p> <p>1st time: Friendly Reminder 2nd time: 100% of patient fee</p>	<p><i>Massage, Acupuncture &amp; Nutrition</i></p> <p>1st time missed appointment: 100% of fee</p>

I understand the above terms and conditions:

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

\_\_\_\_\_  
Date