



New Patient  
Information Form

Please tell us about yourself (Please print)

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

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

Date of Birth: D \_\_\_ M \_\_\_ Y \_\_\_ Age: \_\_\_ Gender: M F

Marital Status: (please circle) Married Single Divorced Widowed

Social Insurance Number (If WSIB): \_\_\_\_\_

Health Card No: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Leave Message: Yes No

Work Phone: \_\_\_\_\_ Leave Message: Yes No

Mobile Phone: \_\_\_\_\_ Leave Message: Yes No

What is your Occupation? \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ e.g. patient/sign/ad/etc.

Please tell us about the reason for your visit

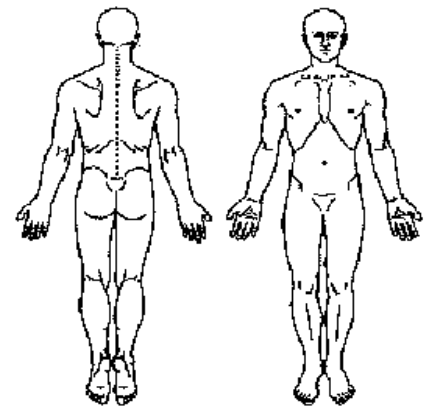
1. What is your main health complaint?  
\_\_\_\_\_

2. When did your symptoms first begin?  
\_\_\_\_\_

3. Do you feel your problem is: (please circle)

a) temporary    b) permanent    c) unsure

4. On the body diagram to the right, please indicate the problem area(s) using (P) pain, (N) numbness, and (W) weakness.



5. 10 being the worst pain you have ever experienced what would you rate your pain?

6. Do you have any additional/secondary areas of complaint? Please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turnover and continue  
on the next page →

7. What activities are you having problems with? (Please circle)



13. Please list any serious accidents, falls, fractures, hospitalizations and surgeries (type and year):

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15. Please list any medications previous and present:

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Previous health care (Please print)

Previous chiropractor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last chiropractic visit: \_\_\_\_\_

Medical doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Billing information (Please print)

General

Do you have Extended Health Coverage: Yes No Unsure

Name of Extended Health Provider:

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What services are covered?

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Chiropractic    | <input type="checkbox"/> Acupuncture    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physiotherapy   | <input type="checkbox"/> Foot Orthotics | _____                          |
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Naturopathy    |                                |

Type of injury

Is this a Workplace Safety & Insurance Board injury? Yes No

Are your injuries related to a Motor Vehicle Accident? Yes No

Please turnover and  
continue on the next  
page →

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Our fee schedule

The account is the responsibility of the patient. Payment is expected in full when service is rendered.

- Initial Visit \$80.00
- Subsequent Visit \$40.00
- Extended Visit \$50.00
- Graston Technique \$50.00
- Active Release Technique \$50.00
- X-rays Covered by OHIP
- Costs associated with specific procedures or treatments will be discussed as required.

**We understand that there will be circumstances for which you may not be able to keep your appointment, please call ahead to cancel and re-schedule the appointment. Missed appointments will be charged a \$15.00 fee.**

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Consent

- Fee Structure: **I have read the above, and agree and understand that I am responsible for all charges relating to my visit.**
- Personal Information Release: **I consent to release personal information solely to Active Health Centre, and I understand that all such information will be held in strict confidence and only released with my written consent and/or as required by governing law.**
- Exam Consent: **I consent to an examination in this office.**
- Record Transfer Authorization: **I consent to the release of a medical report to my family doctor.**
- Understanding: **I have had the opportunity to ask questions related to the content of this form.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of patient, parent or guardian

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Printed name of patient, parent or guardian

\_\_\_\_\_  
Printed Name of Witness

(Parent/guardian must sign if patient is under 18 years of age)

**Thank you**