

Retrieve Physiotherapy Intake form

This Physiotherapy Intake Form is designed to gather essential personal, medical, and treatment-related information from new patients. It helps the physiotherapist understand your health history, current condition to provide safe and effective care.

* Indicates required question

1. Full Name * _____

2. Date of Birth * _____

3. Gender *

Mark only one oval.

Male

Female

Prefer not to say

Other

4. Phone Number * _____

5. Email * _____

6. Address */ City/ Province */ Postal code *

7. Emergency contact Name _____

8. Relationship _____

9. Phone Number _____

10. Medical History

(Please check any of the following that apply to you)

*

Check all that apply.

Heart condition

High Blood Pressure

Diabetes

Asthma

Cancer

Osteoporosis

Arthritis

Neurological disorder

Recent Surgery (within the past year)

Fractures

Are you Pregnant?

Other:

List any medications you are currently taking? * _____

11. Any allergies (including Latex or Tape)? * _____

12. Do you have a pacemaker or any implanted devices? *

Mark only one oval.

Yes

No

Other:

13. Name of Family Physician * _____

14. Family Physician Fax number _____

15. What is the main reason for seeking physiotherapy? *

16. Please rate your pain on a scale from 0 (no pain) to 10 (worst pain) *

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

17. Name of the Insurance company (if any) _____

18 .Consent to Assessment and Treatment

I hereby consent to undergo a physiotherapy assessment and treatment by Physiotherapist at Retrieve Physiotherapy. I understand that the treatment may include, but is not limited to, manual therapy, exercise prescription, education, electrotherapy, and other modalities deemed necessary by the physiotherapist.

I understand that, as with all health care interventions, there are potential risks and side effects associated with physiotherapy treatment. These may include but are not limited to: temporary soreness, bruising, skin irritation, dizziness, or aggravation of symptoms. I understand that all procedures will be explained to me, and I will have the opportunity to ask questions and decline any part of the treatment if I choose.

I confirm that all information provided in this form is accurate and complete to the best of my knowledge. I understand that I can ask questions at any time and may withdraw my consent at any stage of treatment.

I acknowledge that Retrieve Physiotherapy follows all relevant privacy and confidentiality regulations as outlined by the College of Physiotherapists of Ontario.

Check all that apply.

Yes

No