

PATIENT PROFILE

FILE #

CONTACT INFORMATION

FIRST NAME	LAST NAME	LAST NAME AT BIRTH	SEX	LANGUAGE
			H F E F	
ADDRESS		CITY	PROVINCE	POSTAL CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	CELLULAR	OTHER	
HEALTH INSURANCE NUMBER	DATE OF BIRTH (YYYY/MM/DD)	E-MAIL FOR COMMUNICATION WITH YOUR PHYSIOTHERAPIST		

(FOR COMMUNICATION AND REPORTS WITH MD)

OCCUPATION

INFORMATIONS

OFFICE	TRANSPORTATION	REFERRING DOCTOR (IF APPLICABLE)
CONSTRUCTION	FACTORY	
TEACHER	SALES	AFFECTED BODY PART (ex. : neck, forearm, knee...) DIAGNOSIS OF THE PHYSIOTHERAPIST
STUDENT	UNEMPLOYED	
LABOURER	PROFESSIONAL SERVICES	CATEGORY
RETIREE		PRIVATE CSST SAAQ WSIB RCMP DND VETERANS

HOW DID YOU LEARN ABOUT OUR CLINIC ?

PHYSICIAN	SPORT EVENT	DATE OF INCIDENT (YYYY/MM/DD)
DENTIST	VEHICLE	NAME OF AGENT (IF APPLICABLE) PHONE NUMBER OF AGENT
FORMER PATIENT	PUBLICATION	
FAMILY / FRIENDS	NEWSPAPER BROCHURES	FILE # CSST, SAAQ WSIB CLAIM FORM COMPLETED YES NO
WORD OF MOUTH	WEB SITE	
EMPLOYER	SOCIAL MEDIAS	
NAME	TELEVISION	
SIGNAGE	RADIO	

SPECIFIC INTERESTS

SPORTS, ART AND CULTURE, GAMES AND LEISURE

DID YOU KNOW ...

Your physiotherapist is paid only by the act; therefore, unpaid in your absence. At their discretion, he/she could decide to bill you up to 50% of the cost of a treatment.
The organizations (CNESST, WSIB, SAAQ) do not pay for absences and require us to declare them. It is their policy to terminate your services when faced with such a situation.

I have read and accept the consequences of an absence for which I have not given 24 hours advance notice. .

Signature



Please print the completed form and bring it with you to the clinic at your next appointment