

Nov. 2014

**Corydon Physiotherapy Clinic**  
***Patient Information for Massage and Dietitian services***

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-Mail Address (very important): \_\_\_\_\_  
(we will not distribute; only used for clinic notices, your exercises and appointment reminders)

Preferred method for appointment reminders: Email ( ) **or** Phone ( ) if so, Home or Work or Cell ph.?

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Manitoba Health No: \_\_\_\_\_ (for imaging results)  
Month Day Year **9 Digit Personal Number**

Parent/Guardian (If under 18 yrs): \_\_\_\_\_

Family Physician: \_\_\_\_\_

**Please check the box that best tells us how you decided to come here:**

**Friends or Family ( ) Doctor ( ) Other Healthcare Professional ( )**  
**Yellow Pages online ( ) Yellow Pages book ( ) Our Website ( ) Online search ( )**  
**Social media ( ) Brochure ( ) Other ( ) \_\_\_\_\_ (Please specify)**

- ✓ **Cancellation Policy: Please note we run a busy clinic accommodating many patients. Not attending also generally means that it will take longer for you to recover. But if for some reason you need to move or cancel future appointments we require 24 hours notice otherwise a cancellation fee of \$50 may be charged. We send out email or phone reminders the day prior to your appointment to assist you in that regard.**
- ✓ **It is our policy to receive full payment at each appointment.**
- ✓ **Corydon Physiotherapy does not direct bill insurance companies for Massage or Dietitian services. Due to excessive insurance company errors and delays, we no longer provide this service.**
- ✓ **You are required to pay your account in full at each visit. You then would submit your receipt(s) to your insurer for reimbursement. This is a more streamlined and efficient process versus us billing on your behalf.**

**Thank you.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

