

Nov. 2014

Corydon Physiotherapy Clinic

MPI or WCB Physiotherapy Patient Information

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 appointment reminders, your exercises, and notices)

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

Manitoba Public Insurance or Worker's Compensation Board claim no.: _____

Case manager name and phone no.: _____

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 12 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.**
- ✓ **Corydon Physiotherapy is pleased to provide the service of direct billing the Worker's Compensation Board or Manitoba Public Insurance on your behalf. Please provide us with your claim number and information so we can proceed.**
- ✓ **Please be advised that if for any reason The Worker's Compensation Board or Manitoba Public Insurance does not reimburse the clinic for any outstanding fees, you will be responsible for clearing your account with us.**

Thank you.

Signature: _____ Date: _____