

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

## Physiotherapy- Health History Questionnaire

Body part or area of symptoms: \_\_\_\_\_

Date symptoms began: \_\_\_\_\_

Is this a work-related injury? \_\_\_\_\_

Is this injury related to a motor vehicle accident? \_\_\_\_\_

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

Referred by: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Condition	Yes	No
Head Injury		
Digestive concerns		
Diabetes		
Seizures		
Lung disease		
Arthritis		
Heart attack		
Osteoporosis		
Allergies		
High/Low blood pressure		
Asthma		
HIV		
Hepatitis		
Stroke		
Blood clots		
Bleeding disorders		
Cancer		
Communicable disease		
Depression		
Anxiety		
Are you or may you be pregnant?		
Other		

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

## Fee Schedule

Assessment and First Treatment	\$150
Pelvic Health Assessment	\$170
Pelvic Health Follow Up	\$130
Follow Up Treatment- Adult (30 min)	\$100
Follow Up Treatment- Senior (30 min)	\$95
Follow Up Treatment- Student (30 min)	\$90
MVA Assessment (Out of Protocol)	\$150
MVA Treatment (Out of Protocol)	\$120

If you **no show** for your appointment or **fail to cancel within 24 hours** you may be charged 50% of your appointment fee.

I have been made aware of the above fees and that payment is due at the time of service.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date