

Elements Health

CONFIDENTIAL INTAKE

(please print)

Today's date:

PATIENT INFORMATION

Mr.	Miss	Patient's First name:	Middle:	Last:
Mrs.	Ms			

Alberta Health Care #:

Street Address:	City:	Province:	Postal Code:
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Email Address:	We offer reminders by text or email, which would you prefer? _____ Day before? _____ Or 2 days before? _____
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Home phone no.:	Cell phone no.:
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Business phone no.:	Occupation:	Employer:
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Sex: M F	Birth date: (yyyy-mm-dd)
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Spouse:	Children:
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How did you hear about our clinic?
() Google () Social Media () Walked/Drove By () Referral () Other: _____

Is this visit a result of a Motor Vehicle Accident? No Yes- Date of Accident?

Is this visit a result of a Workplace Accident? No Yes- Date of Accident?

IN CASE OF EMERGENCY

Name:	Relationship to Patient:	Phone no.:
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CANCELLATION POLICY

So that we may offer any cancelled appointments to another patient in need, we do require 24 hours notice for any changes or cancellations to your visit. Please be aware that reminders are a courtesy and as such, any missed or late cancelled appointments may incur a 50% cancellation fee. INITIAL _____

The above information is true to the best of my knowledge. The collection of this and all information is compliant with Alberta's Personal Information and Protection Act. Information collected is for use only at our Clinic and is not shared with any 3rd party. By signing below you consent to receiving emails from us in regards to your care. You may opt out of those emails at any time.

_____ Patient (Guardian) Signature:	_____ Date:
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ATLAS CONFIRMATIONS CATEGORY WEBSITE SCANNED