



**CONFIDENTIAL PATIENT INFORMATION**

**Welcome to Dearborn Health Performance & Wellness Centre**

**Patient # \_\_\_\_\_**

The doctors and staff therapists wish to provide you with the best possible care. We will conduct a thorough history and physical examination to decide if we can assist you. If we do not believe that your condition will respond to the treatment options available at our facility, we may still accept you as a patient but will refer you to the appropriate health care provider.

Name: \_\_\_\_\_ Birth Date: (yyyy/mm/dd) \_\_\_\_\_  
(first) (middle initial) (last)

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ \*Phone # \_\_\_\_\_ Who referred you? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

**To receive email appointment reminders and have access to our online patient booking portal: Please provide your email.**

Email: \_\_\_\_\_ \*Can we Contact you: \_\_\_\_\_ @ work \_\_\_\_\_ @ home \_\_\_\_\_ via email

**\*Please consent if you would like to receive our Newsletter via email: Yes \_\_\_\_\_ No \_\_\_\_\_**

Is your injury due to a: \_\_\_\_\_ Personal Injury \_\_\_\_\_ Car Accident \_\_\_\_\_ Workers Compensation \_\_\_\_\_  
(date of accident) (date of accident)

**Chiropractors you have seen before:**

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

Family Medical Doctor: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Please list any other Medical Doctor(s) consulted within the past year:

1) Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

2) Name: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

I understand and agree that **1)** fees are payable at the time the service is rendered, **2)** Extended Health Care Insurance forms completed by the practitioner or staff, will be filled out for a nominal fee of \$15.00 (optional). **3)** \*the office is authorized to leave a message on any above listed email address(es)/contact number(s) that have a voicemail system and your office will not be held responsible for any information once it is released.(Note: typically the messages are regarding appointment reminder notices).

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