Richview Physiotherapy & Rehabilitation Centre

MVA intake 3 PAGES

Surname	Given Name	
Home Address		
City	Province	Postal Code
Home Phone	Cell Phone	Work Phone
Date of Birth	Date of Accident	Email:

Release of Information

I, _____give Richview Physiotherapy & Rehabilitation Centre my consent to release / obtain / share information from the my physician with respect of my care:

Physician (s)_____ Initials:_____

Direct Referral By: Doctor_____ Friend_____ Advertisement_____ Other_____

Medication

List of any medications taken for this problem or for other medical conditions:

_____
_____
_____

Emergency Contact

Name:_____ Phone#:_____ Other #:_____

Relation:_____

Payment information

I understand that payment for services at Richview Physiotherapy & Rehabilitation Centre is my responsibility. If my claim is to be submitted to an outside agency for payment, and for any reason the third party payer, such as insurance or employer, pays partial, denies and/or refuses to pay for the full amount I will be billed; I am responsible for payment. I understand the fee per visit/sessions are:

*Fee: Assessment $_____**85**_____ Treatment$_____60____* ***INITIALS:_____***

Visa / MasterCard #_____ Exp date_____

Extended Health Benefits Information Primary

Company Name:_____

Member Relation (circle one): Self Spouse Child

Member Name: _____ Member DOB: ___/___/_____
dd mm yyyy

Plan/Policy #:_____ ID/Certificate #:_____

Extended Health Benefits Information Secondary

Company Name:_____

Member Relation (circle one): Self Spouse Child

Member Name: _____ Member DOB: ___/___/_____
dd mm yyyy

Plan/Policy #:_____ ID/Certificate #:_____

Motor Vehicle Insurance

Name of Insurance Company:_____

Name of Adjustor:_____ Date of Accident:_____

Adjuster's Tel#_____ Fax#_____

Policy #_____ Claim #_____

Motor Vehicle Accident Fee: Please refer to the OCF18 or OCF23 provided by your therapist. I understand that it my responsibility to complete the Accident Benefit package sent to me by my automobile insurance company. Please be advised that coverage under automobile policy is secondary to any extended health care plan under which you are covered. Therefore, your expenses must first be submitted to any applicable health insurer for consideration**. Section 47(2) of the Financial Services Commission of Ontario**

Please be aware that if your claim is denied, you are responsible for any and all charges accrued for treatment at our facility

Visa / MasterCard #_____ Exp date_____

Informed Consent to Physiotherapy Treatment

Physiotherapy is a primary care, autonomous, client-focused health profession dedicated to

- Improving and maintaining functional independence and physical performance,
- Preventing and managing pain, physical impairments, disabilities and limits to participation;
- and promoting fitness, health and wellness.

Physiotherapists provide assessment, treatment and education for a wide range of health problems to ensure you make the most of your lifestyle.

Physiotherapy involves using a variety of techniques to help your muscles, joints, heart and lungs work to their potential. Physiotherapists work in partnership with individuals of all ages to break down barriers impending physical function. Physiotherapy can help individuals living with congenital or chronic diseases or other debilitating conditions and can assist those recovering from surgery; illness; neurological conditions such as stroke; injury; industrial or motor vehicle accidents; or age related conditions. The practice of physiotherapy is a drug-free.

Physiotherapists work with you to integrate your care into your lifestyle. They are skilled in providing treatment, preventative advice, rehabilitation and care for people with long-term or terminal illness and will develop a full treatment plan to suit your unique needs.

Physiotherapists are university educated, regulated health professionals. To ensure physiotherapist across the country apply consistently high standards, the Canadian Physiotherapy Association, the Alliance of Physiotherapy Regulators and the physiotherapy colleges of each province regulate the practice of physiotherapists in the public interest.

I acknowledge I have discussed, or have had the opportunity to discuss with my physiotherapist, the nature and purpose of my treatments, and are agree to the treatments offered and recommended. I intend this consent to apply to all my present and future physiotherapy care.

Date_____ Patient Signature:_____

Patient's Name (please print):_____

Physiotherapist's signature:_____

CANCELLATION POLICY: PLEASE NOTIFY THE CLINIC 24 HRS IN ADVANCE FOR ANY CANCELLATION OR A $50.00 CHARGE WILL BE APPLIED.