

Nurture Her Inc.
9505 163 Street NW
Edmonton, AB T5P 3M6
(780) 278-2004
www.nurtureher.ca



PHYSIOTHERAPY CLIENT INTAKE FORM

Surname: _____ First Name: _____
Date of Birth (M/D/Y): _____ Age: _____ Sex : _ F _ M
Address: _____
City: _____ Province: _____ Postal Code: _____
Occupation: _____

Phone/Contact Information

Home: _____ Business: _____
Cell: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Home Number: _____ Cell Number: _____

How did you hear about Nurture Her? _____

Were you in a motor vehicle accident? Yes ☐ No ☐ Date of Accident: _____

Do you have extended health benefits that cover physiotherapy? Yes ☐ No ☐

CONSENT FOR ASSESSMENT AND TREATMENT

A licensed physiotherapist at Nurture Her Inc. will perform an assessment and treatment. Physiotherapy treatment may include, but is not limited to: manual techniques, electrotherapeutic modalities, hot or cold therapy, exercise, and acupuncture (needles or needle-less). One or a number of these may be recommended during your program. Pelvic health appointments may include internal pelvic assessment and treatment.

It is the policy of Nurture Her Inc. to ensure that your therapist explains the benefits, side effects and potential complications for each form of treatment before use. At any time (before, during, or after) assessment or treatment, you may ask the physiotherapist for further explanation/information. If you have any questions or concerns you must inform your therapist immediately so she can explain the treatment rationale and/or modify your program appropriately. You may also stop the assessment or treatment at any time (before, during, or after). If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately.

I have read, understood, and had opportunity to discuss the criteria above. As such, I agree to participate in an assessment and treatment program at Nurture Her Inc. I understand that for the duration of my treatment, my consent may be withdrawn at any time but that I must inform my physiotherapist immediately.

Signed (If the patient is under the age of 18, a guardian must sign for them)

Date

Witness

Date

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CONSENT FOR COLLECTION AND RELEASE OF INFORMATION

I hereby consent to the collection, use, storage, and disclosure of my personal information in accordance with Nurture Her Inc.'s privacy policy. I hereby acknowledge that a copy of the privacy policy was made available to me at www.nurtureher.ca (or in print upon request) and I have been advised who I may contact if I have any questions about anything contained in the privacy policy.

_____Initials

PAYMENT AGREEMENT

I understand that payment for services received at Nurture Her Inc. are my responsibility. I am responsible for paying the outstanding fee and then submitting my own claim to a third party payor such as an extended benefits provider (if such an opportunity exists). I understand that Nurture Her Inc. is not responsible if the payor denies the claim and/or refuses to pay any or all of the amount claimed. I understand the fees per visit and they have been explained to me.

_____Initials

CANCELLATION/MISSED APPOINTMENT POLICY AGREEMENT:

I understand that if I fail to provide a minimum of 24-hrs notice in advance of a cancellation, I will be charged \$45.00 for a late cancellation or missed appointment. This amount is to be paid before any further treatment can be booked. I understand that I will not be penalized for cancellations with more than 24-hr notice.

_____Initials

CONSENT TO CONTACT

I give Nurture Her Inc. permission to email me about:

☐ My Treatment ☐ Classes ☐ Upcoming Events ☐ Feedback/Survey

or

☐ I do NOT want Nurture Her Inc. to contact me.

_____Initials

I have read, understood, and had opportunity to discuss the criteria above. As such, I agree to the above-mentioned terms.

Signed (If the patient is under the age of 18, a guardian must sign for them)

Date

Witness

Date