Uxbridge Physiotherapy

29 Toronto Street S., Suite 103
Uxbridge, Ontario L9P 1V9
(P) 905 862 3870 (F) 905 862 3871
uxbridgephysiotherapy.com

Client Profile

PERSONAL INFORMATION:

Name: _____

Date of birth: _____

Address: _____

City: _____ Postal Code: _____

Tel: (h): _____

(c): _____

(w): _____

E-mail: _____

Occupation: _____

Family Doctor: _____

Address: _____

Telephone: _____

Specialist: _____

Emergency Contact and Tel. #: _____

_____

GENERAL HEALTH:

YES	NO	
☐	☐	Do you smoke?
☐	☐	Do you have diabetes?
☐	☐	Do you have epilepsy?
☐	☐	Do you have a heart problem?
☐	☐	Do you have high blood pressure?
☐	☐	Do you have circulatory problems?
☐	☐	Any blood/clotting problems?
☐	☐	Any bowel/bladder concerns?
☐	☐	Any recent sudden weight loss?
☐	☐	Are you pregnant?
☐	☐	Do you have a history of cancer?
☐	☐	Do you have osteoporosis?
☐	☐	Have you had recent surgery?

Describe any other health concerns:

_____

_____

What are your goals for treatment?

_____

_____

Release of information authorization:

Re: _____ I, the undersigned, hereby authorize and instruct you to release to/from:
(patient name)

_____ Uxbridge Physiotherapy
_____ Physician/Specialist
_____ Insurance Company
_____ Rehabilitation Case Worker
_____ Lawyer
_____ Other (please specify) _____

any medical records, diagnostic results or other information required in relation to my condition being treated.

SIGNED: _____ **DATE:** _____