



INTAKE FORM

Date: _____

Name: _____

Address: _____ City: _____ Postal Code: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Home Email: _____ Work Email: _____

We use email for any follow-up correspondence on your treatment

How would you like to receive your appointment reminders?					
Phone Call?	Y	N	Home	Work	Cell
SMS/Text Message?	Y	N	Home	Work	Cell
Would you like to receive our email newsletter?	Y	N	Home	Work	

Family Dr: _____ Referring Dr: _____

Emergency Contact: _____ Relationship to Patient: _____

Emergency Contact Ph: _____ Referred by: _____

Your Age: _____ Date of Birth: M _____ D _____ Y _____

Do you have extended benefits? Y N Name of Benefits Provider: _____

Please note we are unable to direct bill to all providers or if your injury is WCB related. Please provide us with your Extended Benefits Card.

Is your injury a result of a motor vehicle accident (MVA)? Y N Did the accident happen in Alberta? Y N

Date of Accident: M _____ D _____ Y _____ Insurance Company: _____

Claim #: _____ Policy #: _____

Claim Adjuster: _____ Phone #: _____

Have you completed and sent an AB-1 to your Insurance Company? Y N

Have you been assessed or treated elsewhere? (Chiropractor or Massage) Y N

Did your injury occur at work? Y N

We do not have a Worker's Compensation Board (WCB) contract and therefore are unable to bill or provide any services for WCB. If your injury is work related, we are unable to direct bill to your private insurance company as they will not accept our submission. We will accept cash payment.