SHERWOOD PARK
SportsPhysiotherapy

PATIENT REGISTRATION FORM

Personal Contact Information **Have you been a patient of ours before? Y N**

Name: _____ Male Female
First Middle Surname

Address: _____ City: _____ Prov: _____

Postal Code: _____ Email address: _____

Phone: home(_____) _____ - _____ work(_____) _____ - _____ cell(_____) _____ - _____

Date of Birth: _____/_____/_____ Age: _____ PIN: _____
Year Month Day Personal Health Number

Emergency Contact: _____ Phone: (_____) _____ - _____

Family Physician: _____ Phone: (_____) _____ - _____

Patient Advisement of Purpose of Collection of Health Information

Pleased be advised the registration information collected will be used for creating a patient file and billing purposes. The information is being collected under the authority of sections 20(b) and 21(1) of the Health Information Act. The Health Information Act provides for sharing of patient information between healthcare providers when said sharing contributes to the continuing care and treatment of the patient.

Please be advised the clinic may need to contact you with regards to your appointment and ask that the phone numbers you provide to us may be used for this purpose.

Should you attend the clinic for assessment and treatment related to a work related injury, the clinic, under contract with the Worker's Compensation Board (WCB), must report your injury to the WCB, and will share your medical information with the WCB as it pertains to the injury in question. Should your claim be denied by the Worker's Compensation Board, you will be responsible for paying all physical therapy assessment and treatment costs through the Sherwood Park Sports Physiotherapy clinic.

If you have any questions about the collection and use of your personal/health information, please contact our clinic office manager at (780) 464-5915. Your signature below indicates you understand and comply with the above statements.

Signature of Patient or Legal Guardian: _____ Date: _____

Missed Appointments - Cancellation Policy

In the event that you unable to keep your scheduled appointment, please contact us by phone at least 1 day prior to your appointment. Failure to attend an appointment or canceling on the day of your appointment is subject to a $30.00 no show/cancellation fee.

Note: We recognize that there are certain circumstances that are out of your control (sudden illness, family emergency) and your therapist may make exception to the above policy in these limited cases.

Sherwood Park Sports Physiotherapy Phone: (780) 464-5915 Fax: (780) 464-0448
Millennium Place, 214A 2000 Premier Way, Sherwood Park, Alberta, T8H 2G4