



Today's Date:

PATIENT INFORMATION (Please Show Health Card to Receptionist)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		First Name	Middle Initial	Last Name	Marital Status: <input type="checkbox"/> Sgl <input type="checkbox"/> Mar
Birth Date (MM/DD/YR)		Age	Health Card Number (& Version Code)		
Street Address		City	Province	Postal Code	
Home Telephone	Work Telephone	Cell Phone	Email Address		
Family Physician	Physician Telephone	Emergency Contact (Name/Relation/Tel#)		Occupation	

ATHLETE INFORMATION:

Sport	Team Name	Division/Level	Age Group
Coaches Name & Contact			CSCO Number

INSURANCE CLAIMS

<input type="checkbox"/> MVA	Date of Accident	Claim Number/Policy Number	Company Claims Manager Name and Contact
<input type="checkbox"/> WSIB	SIN	Employers Name and Address	Do you have any private insurance? Company Name

HOW DID YOU HEAR ABOUT US?

- Website- Search Engine Drive By/Walk-In Flyer On-Site Medical Event Running Room or Runner's Mark talk _____
- Friend Coach Relative. If you were referred by someone in particular please let us know, so we can thank them for their support. _____
- Advertisement: _____

Health History

Childhood Illness: Measles Mumps Rubella Chicken Pox Rheumatic Fever Polio

List Any Medical Problems That Other Doctors Have Diagnosed:

Surgeries or other Hospitalizations:

Year:	Reason:	Year:	Reason:

List Your Prescribed Drugs and Over-the-Counter Drugs, Such as Vitamins and Inhalers:

HEALTH HABITS AND PERSONAL SAFETY

- Sedentary (No exercise) Mild Exercise (i.e., climb stairs, walk 3 blocks, golf)
- Occasional Vigorous Exercise (i.e., work or recreation less than 4x/week for 30 min.)
- Regular Vigorous Exercise (i.e., work or recreation 4x/week for 30 minutes)

OTHER PROBLEMS

<input type="checkbox"/> Skin <input type="checkbox"/> Head/Neck <input type="checkbox"/> Ears <input type="checkbox"/> Nose <input type="checkbox"/> Throat <input type="checkbox"/> Lungs <input type="checkbox"/> Chest/Heart	<input type="checkbox"/> Back <input type="checkbox"/> Intestines <input type="checkbox"/> Bladder <input type="checkbox"/> Bowels <input type="checkbox"/> Circulation	Recent Changes In: <input type="checkbox"/> Weight <input type="checkbox"/> Energy Level <input type="checkbox"/> Ability to Sleep Other Pain/Discomfort:
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Privacy Code

Privacy of personal information is important to Velocity Sports Medicine & Rehabilitation. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be as open and transparent as to how we handle personal information.

Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender and age. As part of your patient file we retain your health history; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you; your prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Chiropractors of Ontario and the law.

Staff Members

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained in the appropriate uses and protection of your information. These individuals include the clinic records personnel that control access to your patient file, therapists, clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest.

Disclosure of Personal Information

Our clinics understand the importance of protecting your personal information. To help you understand how we are doing that, we outline below how our clinics use and disclose this information:

- To deliver safe and effective patient care
- To enable us to contact you
- To communicate with other health care providers
- For teaching and demonstrating on an anonymous basis
- To complete and submit claims on your behalf to third party payers
- To comply with legal and regulatory requirements under the Chiropractic Act and the Regulated Health Professions Act
- To process payments and collect unpaid accounts
- For research purposes
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Please do not hesitate to discuss our privacy policy with any member of our clinic staff.

By signing the consent section of this form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Patient Consent

I have reviewed the above information that explains how our clinics will use my personal information

I agree that Velocity Sports Medicine & Rehabilitation can collect, use and disclosure my personal information as set out above in the College's privacy code.

(Signature)

(Print name)

(Date)

(witness)