NORTH 49° PHYSICAL THERAPY

Are you a return patient? ❑ Yes ❑ No

If no, how did you hear about North 49?

❑ Doctor ❑ Friend/family ❑ Phone Book
❑ Dentist ❑ Walk-in ❑ Other:_____

Reason for your visit:

❑ Injury ❑ Balance problem ❑ Dizziness
❑ Pre/post op. ❑ Persistent pain/stiffness ❑ Other:_____

Name:_____ Date of birth:_____
(day/month/year)

Phone:_____ Sask. Health#:_____

Email: _____ (for the purpose of appointment reminders only)

Address:_____ Physician:_____

_____ WCB Claim #: _____
(if applicable)

_____ SGI Claim#:_____
(if applicable)

Emergency contact name: _____ Phone #: _____

Health Screen (PAR-Q):

		YES	NO
1.	Have you experienced **ANY** of the following **within the past six months**?		
	A. A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?	❑	❑
	B. A diagnosis of/treatment for high blood pressure (BP), or a resting BP of160/90 mmHg or higher?	❑	❑
	C. Dizziness or lightheadedness during physical activity?	❑	❑
	D. Shortness of breath at rest?	❑	❑
	E. Loss of consciousness/fainting for any reason?	❑	❑
	F. Concussion?	❑	❑
2.	Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?	❑	❑
3.	Has a health care provider told you that you should avoid or modify certain types of physical activity?	❑	❑
4.	Do you have any other medical or physical conditions (such as diabetes, cancer, osteoporosis, asthma or spinal cord injury) that may affect your ability to be physically active?	❑	❑

Phone: (306) 343-7776 Fax: (306) 343-7780 email: contactus@north49therapy.ca

NORTH 49 PHYSICAL THERAPY

Grosvenor Park Centre
#19 - 2105 8th Street East
Saskatoon, SK, S7H-0T8

NAME: _____

We want to thank you for choosing North 49 as your physical therapy health care provider. In order to provide you and our other patients with the best care, we request that you follow these guidelines.
Please read and INITIAL if you agree:

Missed/Cancelled Appointments:
_____ Please remember that we have reserved appointment times especially for you. If you are unable to attend any scheduled appointment, please notify us at least 24 hours in advance. If you do not allow 24 hours notice, you may be charged for your appointment. If you are a sponsored patient (ie. WCB or SGI), your sponsor may be charged for the appointment and will be notified of your absence.

Email/Text reminders:
_____ I authorize to receive text messages and/or emails for appointment reminders.

Safety/Liability:
_____ For safety and liability reasons the following apply:
- Children are not allowed in the gym or treatment rooms. If attending with you, children must be supervised at all times by a parent/guardian in the waiting area. This allows for the therapist to provide the best treatment possible and focus solely on rehabilitation.
- All patients are required to follow their therapist's instructions. If at any time you have questions regarding treatment and services provided, please do not hesitate to talk to your therapist.
- North 49 is not responsible for any lost or stolen items. Please avoid bringing any valuables.
- Due to allergies, please limit the use of aftershaves, perfumes and colognes.
- Proper footwear is required in the gym at all times.

Consent for Assessment & Treatment:
_____ Physical therapy involves many different types of physical evaluation and treatment. As with all forms of medical treatment, there are benefits and risks involved with physical therapy and response to treatment varies. I understand that I may ask questions at any time with respect to my proposed treatment plan. I herby give consent for treatment provided to me by the treating staff of North 49 (or any authorized representative).

Personal Electronic Devices:
_____ In order to maximize your time and ensure that there are no distractions during your time at North 49, we ask that you refrain from using these devices during your appointment or while in the gym.

Miscellaneous Fees:
_____ As per our professional association guidelines there will be extra fees for:
- employer letters/forms.
- print out of dates of past appointments at North 49.

Consent to Disclose Personal Health Information:
_____ I authorize the communication between North 49 Physical Therapy/Balance & Dizziness Centre (noted as North 49) and the parties outlined below:

Family/Referring Physician:	Chiropractor/Physical Therapist:	Sponsor (SGI, WCB, Blue Cross, etc):
Employer:	Specialist:	Other:

Patient Signature _____ Witness Signature _____ Date _____

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MEDICATION LIST

Name: _____
Date: _____

Please list all of the medication(s) you are currently taking.

Medication	Dose	Medical Condition	Prescribing Physician

For your safety, it is important that the treating therapist be aware of all prescription, non-prescription, and homeopathic medications you are taking.

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