



27 Ridout Street West, Tillsonburg N4G 2C9
Phone: 226-216-0181 Email: info@attainhealth.ca

New Patient Intake Form

Patient Name: _____ Date: _____

Identifying Gender: _____ Birth date: (mm/dd/yyyy) _____ Age: _____

Home Address: _____ City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Occupation: _____ Company: _____

Emergency Contact: _____ Phone: _____

Do you have extended health care? YES NO if yes, with who: _____

Who is your Medical Doctor? _____

Other Healthcare Practitioners? _____

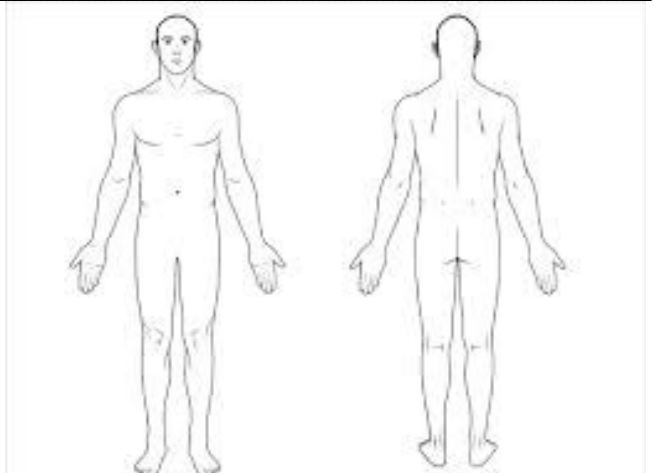
Referrals are our highest compliment. How did you hear about us?

How did you hear about us? Friend/family Social Media (ex facebook)
 Google Other: _____

Health History

What is your main health concern?

Are there any other areas of concern?



How would you rate this pain from 1-10 (1 being the least, 10 the most) 0 1 2 3 4 5 6 7 8 9 10

When did this problem begin? _____

Has this problem happened before? If so, when? _____



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Have you seen someone else for this problem? If so, who? _____

Are there any other areas of concern you wish to discuss? _____

Do you have any medical conditions? _____

Are you taking any medications? _____

Have you had any surgeries in the past? _____

Have you had any recent medical tests? _____

Are you taking any supplements? _____

Do you have a regular exercise program? YES NO if yes, how often? _____

Please rate the following on a scale from 1 to 10 (1 being the worst, 10 being the best)

Stress _____ Sleep Quality _____ Fitness _____ Nutrition _____

How would you rate your overall health? Why? _____

1 2 3 4 5 6 7 8 9
poor health Neutral Excellent Health



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Consent to Physiotherapy Services

Physiotherapy treatment techniques may include, but are not limited to: manual techniques including spinal manipulation, electrotherapeutic modalities and exercise as well as other techniques such as acupuncture. A number of these may be recommended during your program. As your participation in all aspects of your program is imperative to its success, it is the policy of Attain Health to ensure the benefits, side effects and potential complications of each chosen modality are explained to you by your therapist before use. Throughout your program, if you have any questions or concerns about any recommended treatment you must inform your therapist immediately so they can explain the treatment rationale and/or modify your program appropriately. If at any time you choose not to participate in the program or any portion of it, you must inform your physiotherapist immediately.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Attain Health. I understand that for the duration of my treatment, my consent may be withdrawn at any time and understand that I must inform my physiotherapist.

Printed Name

Signature

Date

Therapist

Date