INTAKE FORM

ECHELON
WELLNESS

Exclusive Healthcare for
Military Veterans & RCMP

PERSONAL CONTACT INFORMATION

First Name:_____ Last Name:_____

Birthday:_____ Gender:_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Email:_____ Phone Number:_____

Can we leave a voicemail on the phone number you have provided?_____

How did you hear about us?_____

EMERGENCY CONTACT

Name:_____

Phone Number:_____ Relationship:_____

HEALTHCARE INFORMATION

	CAF	RCMP
Veteran	☐	☐
Active	☐	☐

Regimental #:_____

Medavie Bluecross K#:_____

Do You Have A Disability Award?_____

What Conditions Is Your Award For?_____

Are Interested In A Disability Assessment?_____

Mental:☐_____ Physical:☐_____ Sexual:☐_____

Do You Have A Summary Of Assessment (SOA)?_____

FAMILY DOCTOR

Name:_____ Phone Number:_____

Known Allergies:_____

HEALTH HISTORY

General

- [ ] Fainting / Dizziness
- [ ] Headache / Migraines
- [ ] Nervousness
- [ ] Numbness / Tingling
- [ ] Paralysis

Infections

- [ ] Athlete's Foot
- [ ] Hepatitis
- [ ] HIV / AIDS
- [ ] Tuberculosis
- [ ] Herpes
- [ ] Warts

Other:

Another one

Gastrointestinal

- [ ] Colitis / Chron's / IBS
- [ ] Diabetes
- [ ] Gout
- [ ] Nausea / Vomiting
- [ ] Ulcers

Mental Health

- [ ] PTSD
- [ ] Depression
- [ ] Anxiety

Other:

Some condition

Musculoskeletal

- [ ] Arthritis / Joint Pain
- [ ] Bursitis
- [ ] Cancer
- [ ] Fibromyalgia
- [ ] Multiple Sclerosis
- [ ] Osteoporosis
- [ ] Pins or Plates

Other:

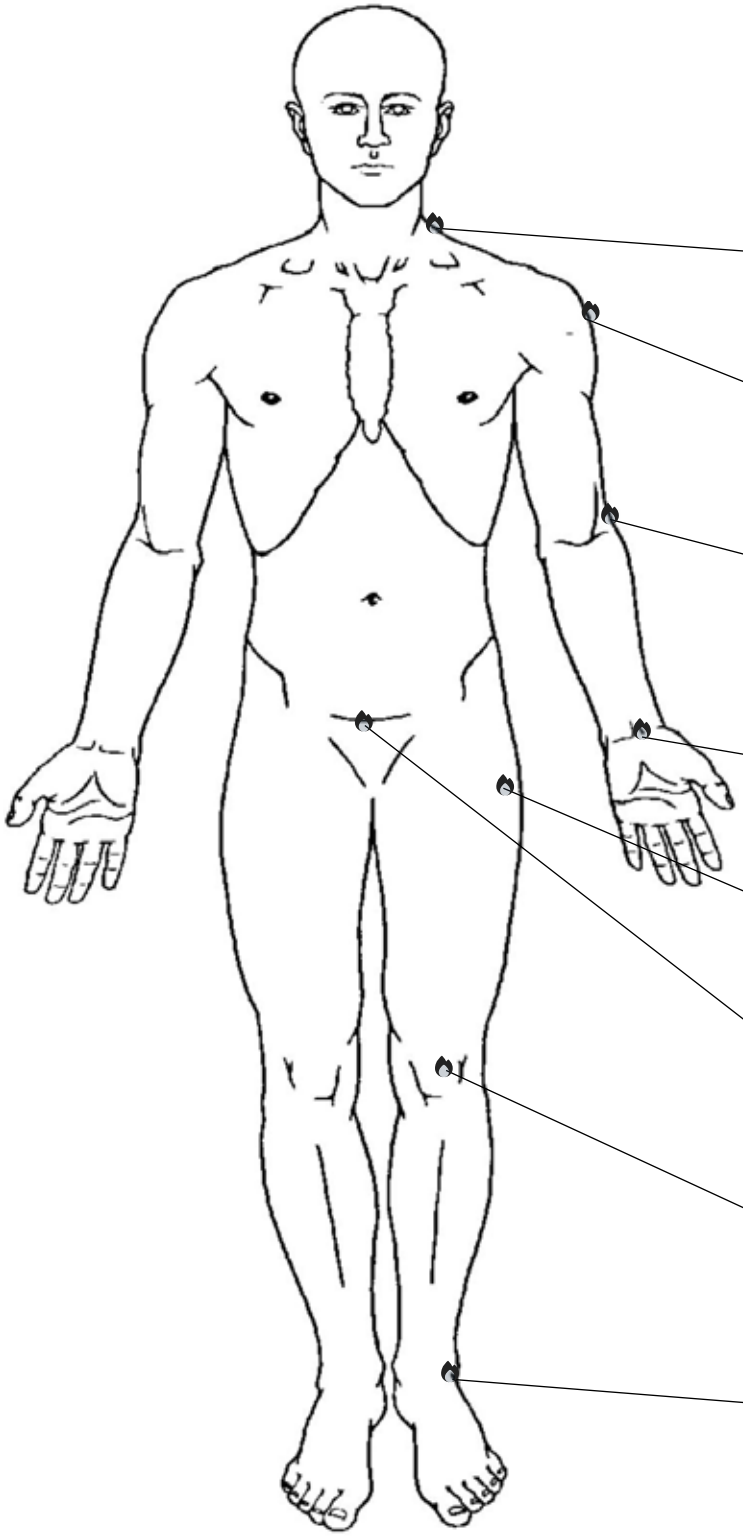
Something else

Male Health

- [ ] Erectile Dysfunction
- [ ] Prostate
- [ ]
- [ ]

PHYSICAL HEALTH

Many people experience Pain, including numbness, pins & needles, burning, aching, stabbing.
Please indicate where you are experiencing Pain or Discomfort.



Area	Pain / Discomfort
Neck / Spine	☐
Shoulders	☐
Elbow	☐
Wrist / Hand	☐
Hip / Pelvis	☐
Groin	☐
Knee	☐
Foot / Ankle	☐

SERVICES AND PRODUCT SUMMARY

Physical Health Services	**Past**	**Current**	**Interested**
Shockwave for Erectile Dysfunction	☐	☐	☐
Shockwave for Chronic Pain	☐	☐	☐
Physiotherapy	☐	☐	☐
Chiropractic	☐	☐	☐
Osteopathy	☐	☐	☐
Massage therapy	☐	☐	☐
Acupuncture	☐	☐	☐
Kinesiology	☐	☐	☐
Podiatry	☐	☐	☐
Mental Health Services			
Individual Counselling	☐	☐	☐
Group Counselling	☐	☐	☐
Couple/Marital Counselling	☐	☐	☐
Products			
Custom Orthotics	☐	☐	☐
Compression Socks	☐	☐	☐
TENS Unit	☐	☐	☐
Heating Pad	☐	☐	☐
Orthopedic Bracing			
Neck Brace	☐	☐	☐
Back Brace	☐	☐	☐
Shoulder Brace	☐	☐	☐
Elbow Brace	☐	☐	☐
Wrist/Hand Brace	☐	☐	☐
Hip/Pelvis Brace	☐	☐	☐
Knee Brace	☐	☐	☐
Ankle/Foot Brace	☐	☐	☐

CONSENT

I understand that Echelon Wellness and its Health Care Providers do not replace my family physician. ☐

Initial: _____

Date: _____

Signature