Client Intake Form

Please complete this intake form to the best of your ability. If possible please return by email prior to your appointment as it will assist the practitioner to maximize your time during your first visit. Should you have any questions please do not hesitate to contact us.

PERSONAL INFORMATION DATE:

Full Name: I go by:

Birthday (mm/dd/yy) Age □ Male □ Female

Home Address:

City: Province/State: Postal /Zip Code:

Primary Phone: Cellphone:

Email:

Who referred you to Catalyst Kinetics? / How did you find out about Catalyst Kinetics? :

□ Catalyst Kinetics Staff: (please specify) _____

□ Another Practitioner/Doctor: (please specify) _____

□ Another Patient/Client: (please specify) _____

□ Internet / Search Engine / Social Media: (please specify) _____

□ Other: (please specify) _____

Occupation: Work Phone:

Family Doctor: Phone Number:

MSP#: Extended Medical Coverage? Yes □ No □

Do you have an active ICBC / WCB Claim? Yes □ No □ Claim #

Have you had a previous MVA or workplace accident? Yes □ No □

Under 19 years of age:

Are you currently a student? Yes □ No □ School/Grade:

Parents Name: Contact Number:

Emergency Contact/Relation: Telephone:

Catalyst Kinetics Group Appointment Booking and Cancelation Policies:

Booking Appointments:

Appointment bookings can be made online at our website (www.catalystkinetics.com), through the Mindbody Connect App (Android and iOS), via email, or by phone (604-254-7687). **If you have provided your email address you will receive an email confirmation of the appointment. You will *NOT* receive any other form of communication to confirm you appointment.** Every effort is made to see you when you are scheduled, but urgent matters sometimes arise that may take more time than expected. While this may cause a delay in you being seen at the scheduled time, you will receive the same courtesy in the event you require such care. If you arrive late your appointment will be shortened and/or you may be asked to reschedule.

***Please note – Appointments are in high demand and require a Credit Card to book. You will not be charged anything at the time of booking, but a cancellation fees may apply in case of a Missed Appointment. Please see "*Missed Appointments (No-Show / Late Cancellations)*" for more details**

Cancelling Appointments:

In order to be respectful of the medical needs of other patients, please inform the office promptly if you are unable to attend a scheduled appointment. This time will be reallocated to someone who is in urgent need of treatment. Appointments are in high demand and as such, the earlier you inform us of the cancellation the higher the likelihood we can provide another patient the opportunity to have access to timely medical care. If it is necessary to cancel your scheduled appointment, we request at least **24 hours' notice (working day*).** Cancellation requests submitted with less than 24 hours' notice will be processed as a late cancellation.

***Please note – Due to office closures, cancellations for Saturday and Monday should be communicated before 12 PM on Friday to give us the opportunity to fill the appointment and avoid cancellation fees.**

Missed Appointments (No-Show / Late Cancellations):

A "no-show" or "late cancellation" is someone who misses an appointment without cancelling it with sufficient notice (as outlined above). A failure to be present at the time of a scheduled appointment will be recorded in your patient file as a 'no-show' or 'late cancellation'. Every effort will be made to fill any spots where a cancellation is made within the 24-hour period.

***If the appointment is not filled, a cancellation fee (up to the full value of the visit) may be applied.**

☐ Please Check

I accept the terms presented in this document and agree to pay any late cancellation or missed appointment fees that I may incur.

CATALYST KINETICS GROUP

CREDIT CARD AUTHORIZATION FORM

Customer Information

Customer Name:

Please call 604-254-7687 if you would prefer to provide your credit card information over the phone.

Credit Card Information

Please Check One: VISA ☐ MASTERCARD ☐

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date 06 2017 3 Digit CVV #:

Billing Information:

Name on Card:

Billing Address:

Billing City:

Province/State: Zip/Postal Code:

Phone:

Email Address:

The undersigned authorizes and requests Catalyst Kinetics Group (the Company) to charge the above credit card (the Card) for the amounts owed on all invoices to which the above-referenced Customer is a party. Customers wishing to cancel preauthorized credit card payments should contact Catalyst Kinetics Group in advance of their next payment.

Signature:

	Card Holder	Customer (only if different from Card Holder)
Print Name:		
Signature (paper copy only):		
Date:		

Address	Phone	Fax	Web
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