



Pure Form Physiotherapy
Patient Contact Information
(Confidential)

LAST NAME: _____ **FIRST NAME:** _____

GENDER: _____
M/F

DATE OF BIRTH: _____
YYYY/MM/DD

IF THE PATIENT IS UNDER THE AGE OF 18:

PARENT/GUARDIAN'S NAME: _____
FIRST LAST

ADDRESS: _____

CITY/TOWN: _____ **PROV:** _____ **P.CODE:** _____

PHONE (H): _____ **(W):** _____ **(C):** _____

EMAIL: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

PHONE #: _____

FAMILY PHYSICIAN'S NAME: _____ **PHONE #:** _____

REFERRING PROFESSIONAL (if applicable): _____ **PHONE #:** _____

HOW DID YOU HEAR ABOUT US: _____

ICBC PATIENTS ONLY

CLAIM #: _____ **DATE OF ACCIDENT:** _____

ADJUSTER'S NAME: _____ **PHONE #:** _____



TODAY'S DATE: _____ **OCCUPATION:** _____

MEDICATIONS/SUPPLEMENTS: _____

ALLERGIES: ☐ None ☐ Latex ☐ Adhesive ☐ Other _____

INJURY HISTORY: _____

MEDICAL HISTORY: (check all that apply)

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Broken Bones/Fractures	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Blood Related Conditions	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Seizures
<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Stroke
<input type="checkbox"/> Depression	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Varicose Veins
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lung Problems	<input type="checkbox"/> Vestibular
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Multiple Sclerosis	
<input type="checkbox"/> Other: _____		

SURGERIES (MONTH/YEAR):

Do you exercise regularly? (please describe)

What do you do for recreation?

Women – Are you pregnant? YES NO

Do you smoke? YES NO

CURRENT SYMPTOMS (check all that apply):

<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headaches	<input type="checkbox"/> Coordination Problems
<input type="checkbox"/> Loss of Balance	<input type="checkbox"/> Weakness	<input type="checkbox"/> Decreased Range of Motion
<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Difficulty Concentrating
<input type="checkbox"/> Vertigo/Dizziness	<input type="checkbox"/> Pain at Night	<input type="checkbox"/> Visual Problems
<input type="checkbox"/> Other: _____		

How long have you had the above symptoms?: _____

What makes your symptoms
Worse _____

Better _____

PAIN SCALE:

On a scale of 1-10 (with 0 being no pain and 10 being the worst pain) how would you rate your pain? 0 1 2 3 4 5 6 7 8 9 10



Release of Information

I, _____, give Pure Form Physiotherapy my consent to release/obtain information from the following individuals with respect to my care:

Physician(s) _____	Initials_____
Insurer _____	Initials_____
Employer _____	Initials_____
Other _____	Initials_____

Payment Information

I understand that payment for services received at Pure Form Physiotherapy are my responsibility. If my claim is to be submitted directly to an outside agency for payment, and for some reason the third party payer, such as ICBC, insurance or employer, denies the claim and/or refuses to pay all or any of the full amount billed, I am responsible for paying the amount outstanding. I understand that the fees per visit for this service are:

Fees: Initial Assessment and Treatment (30 minutes) \$75	Initials_____
Subsequent Treatment (30 minutes) \$75	Initials_____

No Show/Cancellation Fee

Your appointment time has been reserved specifically for you. If you schedule an appointment, which you do not attend (no show), and this happens more than once you will be charged for the full visit. This will also apply to cancellations made with less than 24 hours' notice.

Initials_____

Treatment Information

Physiotherapy treatment techniques may include, but are not limited to: manual techniques, spinal manipulation, electrotherapeutic modalities and exercise as well as other techniques such as acupuncture and dry needling. A number of these may be recommended during your program. It is the policy of Pure Form Physiotherapy to ensure the benefits, side effects and potential complications of each chosen modality is explained to you by your therapist before use, as your participation in all aspects of the program is imperative to its success. 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. Specific consent may be asked for treatments that involve the use of an acupuncture needle.

I understand and agree with the criteria above and as such agree to participate in an assessment and treatment program at Pure Form Physiotherapy. 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.

Patient Signature (type or sign name)
(If the patient is under the age of 18, a guardian must sign for them)

Date

What To Expect Following Any Treatment Using Acupuncture Needles

Dry needling and/or GunnIMS is helpful for reducing shortened bands of muscle and for restoring normal tone to muscles thus improving mobility of your joints. Acupuncture is used to help with certain pain syndromes. All three treatments use a fine acupuncture needle that is inserted either into the trigger point of a muscle to facilitate its release or into a specific acupuncture point. You may experience a muscle twitch and/or deep muscular ache when the needle is inserted into the muscle; this is a normal response to this technique.

Dry needling, GunnIMS and Acupuncture are valuable treatments for musculoskeletal problems but like any medical procedure, there are possible complications. While these complications are rare in occurrence, they need to be considered prior to giving consent to the procedure.

- Dry needling and/or GunnIMS may cause post treatment soreness lasting one to two days, followed by an improvement in the overall pain state. If you experience significant post-treatment soreness, topical application of heat is recommended and gentle range of motion of the sore area.
- A needle may be placed inadvertently in a capillary or a vein, which will subsequently cause a small painless bruise. Your therapist will notify you should this occur during your treatment.
- Any time a needle is used there is a risk of infection. To reduce this risk we clean the area with stanhexadine and use sterile disposable acupuncture needles. Please contact your physiotherapist if anything that may seem like an infection occurs.
- When a needle is inserted near the chest wall there is a rare possibility of it creating a pneumothorax (air in the chest cavity). Fortunately this complication is not fatal and is readily reversible. We reduce the risk by only inserting the needle over bony points and/or lifting the muscle away from the chest surface and inserting the needle parallel to the chest.

Patients are required to inform their physiotherapist if they are pregnant, use blood thinners, have been exposed to blood diseases such as Hepatitis or HIV, or have any conditions that increase bleeding prior to treatment. In addition, all surgeries should be reported.

- o I have read the above and agree that I understand the risks involved with dry needling, GunnIMS and acupuncture.
- o I consent to examination/treatment using dry needling, GunnIMS and acupuncture at Pure Form Physiotherapy.

Patient Name: _____ Date: _____

Patient Signature: _____