VAUGHAN PHYSIOTHERAPY CLINIC

- **Web** vaughanphysiotherapy.com
- **Tel** (905) 669-1221
- **Fax** (905) 669-6995
- **Email** info@vaughanphysiotherapy.com
- **Address** 398 Steeles Ave W, Unit 201, Thornhill, ON L4J 6X3

Scan for your patient portal: book, forms and receipts

New Patient Intake

Get better today.

Client Information

Please fill in the following as accurately as possible. Fields marked * are required. Let us know if you need help.

First name *		Last name *	
Preferred name		Date of birth *	Y Y Y Y - M M - D D
Gender *	☐ Male ☐ Female ☐ Non-binary ☐ Other _____		
Mobile phone *	- -	Postal code *	
Email *			
Street address *		Unit	
City *		Province	
Emergency contact * (name, relationship)		Emergency phone *	- -
Family doctor (or referring doctor)		Doctor's fax or email	
Report to your doctor at the end?	☐ Yes, please send one ☐ No, thanks		
Occupation / sports		**How did you hear about us? ***	
Preferred method of contact *	☐ Text message ☐ Phone ☐ Email		
Paying by *	☐ Extended health insurance ☐ Workplace injury (WSIB) ☐ Car accident (MVA) ☐ Paying myself ☐ Other *Insurance: fill in the section below. WSIB or MVA: please also complete the matching add-on sheet.*		

Extended Health Insurance (if you have a plan)

Please bring your insurance card. We direct bill most plans.

Insurance company	☐ Sun Life ☐ Manulife ☐ Canada Life ☐ Green Shield ☐ Desjardins ☐ Blue Cross ☐ Medavie ☐ Beneva ☐ iA Financial ☐ Equitable Life ☐ Empire Life ☐ Chambers / Coughlin ☐ Other _____		
Group / policy #		Member / certificate ID	
Plan member name		Plan member date of birth	Y Y Y Y - M M - D D
Your relationship to plan member	☐ Self ☐ Spouse ☐ Child ☐ Other	Second plan (e.g. spouse's)?	☐ No ☐ Yes
Second insurer		Second group # / member ID	
Second plan member name		Second plan member date of birth	Y Y Y Y - M M - D D

About Your Visit

What brings you in today? *			
Where is the problem?	☐ Neck ☐ Upper back ☐ Low back ☐ Shoulder ☐ Elbow ☐ Wrist / hand ☐ Hip ☐ Knee ☐ Ankle / foot ☐ Head / jaw ☐ Pelvic ☐ Dizziness / balance ☐ Other		
When did it start? *		**How did it start?**	☐ Injury / accident ☐ Gradually ☐ After surgery ☐ Not sure
Pain right now (0 to 10)	0 ○ No pain · 1 ○ · 2 ○ · 3 ○ · 4 ○ · 5 ○ · 6 ○ · 7 ○ · 8 ○ · 9 ○ · 10 ○ Worst pain		
What would you like to be able to do again?			
Seeing anyone else for this?	○ Yes ○ No	**Who (doctor, specialist, therapist)**	
Services you are booking	☐ Physiotherapy ☐ Massage therapy ☐ Chiropractic ☐ Pelvic health ☐ Vestibular ☐ Acupuncture / dry needling ☐ Running assessment ☐ Bike fit ☐ Orthotics / bracing ☐ Seniors program		

Patient name:		Date (yyyy-mm-dd):	Y Y Y Y - M M - D D

Health and Safety Screen

These questions keep your treatment safe. Most people answer No to almost all of them. If Yes, add a few words.

Serious conditions	Yes	No	If Yes, details
1. Have you ever had cancer?	◯ Yes	◯ No	
2. Lost more than 5 kg (10 lb) in 3 to 6 months without trying?	◯ Yes	◯ No	
3. Fever, chills or night sweats with this pain?	◯ Yes	◯ No	
4. Is the pain constant, or does it wake you at night and not ease when you move?	◯ Yes	◯ No	
5. Did it start after a fall, accident or major injury?	◯ Yes	◯ No	
6. Osteoporosis, or steroid tablets (e.g. prednisone) for 3+ months?	◯ Yes	◯ No	
Nerves and spine			
7. Any change in bladder or bowel control since this started?	◯ Yes	◯ No	
8. Numbness around the genitals, buttocks or inner thighs?	◯ Yes	◯ No	
9. Numbness or weakness in BOTH arms or legs, clumsy hands, unsteady walking?	◯ Yes	◯ No	
Head and neck			
10. Dizziness, sudden falls or blackouts?	◯ Yes	◯ No	
11. Double vision, trouble speaking or swallowing, or a numb face?	◯ Yes	◯ No	
12. A sudden, severe headache or neck pain unlike any before?	◯ Yes	◯ No	
13. Neck injury or surgery, rheumatoid arthritis, Down syndrome or hypermobility?	◯ Yes	◯ No	
Heart and circulation			
14. Heart condition, stroke or TIA, or chest pain or breathlessness on light activity?	◯ Yes	◯ No	
15. Tick any that apply:	☐ High blood pressure ☐ High cholesterol ☐ Diabetes ☐ Smoker ☐ None		
16. A past blood clot, or a calf that is swollen, warm and painful now?	◯ Yes	◯ No	
Treatment safety			
17. Pacemaker or other implanted device, or metal implants or a joint replacement?	◯ Yes	◯ No	
18. Blood thinners, or do you bruise or bleed easily?	◯ Yes	◯ No	
19. Pregnant, or could you be?	◯ Yes	◯ No	
20. Epilepsy or seizures, or have you fainted with needles?	◯ Yes	◯ No	
21. Allergies:	☐ None ☐ Latex ☐ Tape / adhesive ☐ Metal ☐ Medications		**Other**
22. Surgery in the last 12 months?	◯ Yes	◯ No	

23. Current medications and supplements (or "None"), and any other ongoing condition	

I confirm this information is accurate to the best of my knowledge, and I will tell my practitioner if anything changes.

Signature		**Date**	

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Consent and Clinic Policies

Get better today.

Patient name *		Date of birth *	Y Y Y Y - M M - D D

1. Assessment and Treatment

I agree to be assessed and treated by Vaughan Physiotherapy Clinic. Treatment may include education, exercise, hands-on therapy, joint mobilization or manipulation, electrotherapy, taping, bracing, orthotics, and acupuncture or dry needling. Before starting, my practitioner will explain what they recommend, the benefits, risks and alternatives, and ask if I agree. I can ask questions, say no to any part of treatment, or stop at any time.

2. Students

Vaughan Physiotherapy Clinic trains physiotherapy students. A supervised student may take part in my care. I will be asked first and can say no without it affecting my care.

3. Privacy and Communication

The clinic collects, uses and shares my personal health information only to provide my care, to bill for it, and as the law allows or requires, under Ontario's *Personal Health Information Protection Act*. I agree to be contacted by email and text for appointment reminders, receipts, forms and messages about my care. I can opt out at any time by telling the front desk.

4. Insurance and Payment

I authorize the clinic to share information with my insurer or plan administrator (including extended health plans, WSIB and auto insurers) as needed to process my claims, and I assign my benefits to the clinic where direct billing is used. If a claim is declined, I am responsible for paying for the services and products I received.

5. Cancellations and Missed Appointments

I will give at least **48 hours' notice** to cancel or reschedule. Appointments cancelled or rescheduled with less than 48 hours' notice, and missed appointments, are charged the full cost of the booked service to the card on file. If the visit is part of a prepaid program, the session is forfeited instead. Arriving more than 15 minutes late may be treated as a missed appointment.

☐ I have read, understood and agree to sections 1 to 5 above.

Signature *		Date *	Y Y Y Y - M M - D D

If signing for someone else (patient under 16 or needing a substitute decision-maker)

Name		Relationship		Phone	

Chiropractic patients also sign a separate chiropractic consent with their chiropractor. Massage of sensitive areas requires separate written consent.

Office use

Chart #		Entered in Juvonno by		Date	

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Welcome to the clinic

Get better today.

Your patient portal *two minutes to set up.*

Scan the code with your phone camera, or go to **vaughan.juvonno.com**. Sign in with the email you gave us. If it asks for a password, choose *Forgot password* to set one.

- Book, reschedule or cancel any time, no phone call needed
- See your upcoming visits and get reminders
- Download receipts for your insurance claims
- Fill in forms before you arrive, so your visit starts on time
- Keep your card and contact details up to date

Getting the most from your treatment

How we get you back to what you love. Small, steady habits make the biggest difference.

01 Stick with your plan
Early visits close together matter most. Book your next few before you leave.

02 Do your home exercises
Little and often, most days. Ten minutes a day beats an hour once a week.

03 Expect some soreness
Mild soreness that settles within 24 hours is normal. If you are worse the next day, ease off and tell us.

04 Keep moving
Stay active within comfort. Rest alone rarely fixes the problem.

05 Tell us what is working
Your feedback shapes the plan. Bring your questions, and let us know if anything changes.

06 Sleep, eat and recover well
Sleep, nutrition and stress all affect how quickly you heal.

Before your first visit

- [ ] Arrive 10 minutes early
- [ ] Bring your insurance card and photo ID
- [ ] Bring any doctor's referral, imaging or reports
- [ ] Wear comfortable clothes, shorts or a tank top if needed
- [ ] Running or bike fit: bring your shoes, kit and bike

Cancellations

Please give us at least **48 hours' notice** to cancel or reschedule. Late cancellations and missed visits are charged the full fee to the card on file. The easiest way to change a booking is through your portal.

Get well, move well.
Locally owned since 1996

vaughanphysiotherapy.com · (905) 669-1221
Physiotherapy, chiropractic, massage therapy and acupuncture under one roof.