Human Performance Centre
Achieve Your Best ... We Can Help.

NEW PATIENT INFORMATION

Last Name: _____ **First Name:** _____
Occupation: _____
DOB: (dd/mm/yyyy) _____ **Age:** _____
Family Doctor: _____ **Referral: YES NO**
Specialist: _____ **Referral: YES NO**

Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: (Home) _____ (Work) _____ (Cell) _____
Email: _____
Would you be interested in receiving our monthly HPC e-newsletter? **YES NO**

Reason for this Visit: _____
Date of Injury Accident: _____
How did you hear about us: _____
If you have had physio/massage before how did it meet with your expectations: _____
_____

Health Insurance Company/WorkSafe/MVA: _____
Are you currently taking any medication? **YES NO** **(If yes, please list below or on reverse)**
_____
Are you allergic to latex? **YES NO**
Do you have any metal implants? (ie. plates or screws in joints) **YES NO**
Do you have a pacemaker? **YES NO**
Do you have any of the following:

Cancer (past or present)	**YES**	**NO**	Polio (past or present)	**YES**	**NO**
Tuberculosis	**YES**	**NO**	Blood Clots	**YES**	**NO**
Circulatory Problems	**YES**	**NO**	Epilepsy	**YES**	**NO**
High Blood Pressure	**YES**	**NO**	Diabetes	**YES**	**NO**
Osteoporosis	**YES**	**NO**	Rheumatoid Arthritis	**YES**	**NO**

Any other medical problems (Please list):_____
_____
If female, are you pregnant or trying to get pregnant? **YES NO**

Patients are responsible for all amounts not covered by insurance. Payment may be made by cash, debit, Visa or Master Card. Payment is due at time of treatment. 2% interest will be added monthly to all accounts over 30 days old.
We ask that you give us 24hrs notice if you need to change your appointment. There is a $25 fee for cancellations or re-books not made within this time frame. We also charge $25 for no-shows.
I consent to be assessed by a physiotherapist/massage therapist and to participate in the treatment plan explained by my physiotherapist or massage therapist.

Signature: _____ **Date:** _____

phone **506 738-8299** fax **506 738-2824**
3636 Westfield Rd, Suite C, Saint John, NB E2M 7P3 **humanperformancecentre.ca**