



Unit 201,3323,34 St NW , Edmonton , Alberta , T6t2K6 , Ph 780-450-3435, info@silverberryphysio.com

Name: _____

Emergency Contact: _____

Address: _____

Emergency Contact Ph.: _____

City: _____ Province: _____

Family Doctor: _____

Postal Code: _____

Phone: _____ Fax: _____

Home Ph: _____

Private Insurance: _____

Cell Ph: _____

Group # : _____ Section :

Work Ph: _____

ID # : _____

AHC # _____

Date of Birth: _____

Email Address: _____

How did you hear about us _____

Privacy and Sharing of Information

I authorize the Silverberry sports and physiotherapy clinic inc. and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Payment

Extended health benefits vary depending on the policy. Please determine how much your coverage per appointment and the maximum coverage per year. We direct bill Blue Cross, TELUS Health and Greenhead. If your coverage is not with either of these companies, you are responsible for the full payment of your appointment after each treatment. The receipt for which you can submit to your extended health care provider. I also acknowledge that I am responsible for the payments for assessment and treatments I have received from Silverberry Physiotherapy Clinic if the Claims through CRP or private benefits have exhausted or if the claim is denied by WCB or motor vehicle insurance companies.

Private Assessment single body site is \$100. Private treatment single body is \$80.

I agree to Silverberry Physiotherapy Clinic Policies (If patient is under the age of 18 , parent guardian is to sign) signature / date / witness _____



Unit 201,3323,34 St NW , Edmonton , Alberta , T6t2K6 , Ph 780-450-3435, info@silverberryphysio.com

Cancellation Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee 25.00 \$

Consent for disclosure of personal information

Silverberry Physiotherapy Clinic is committed to the responsible collection, use and disclosure of personal information. I hereby authorize silverberry Physiotherapy to either A) release medical and personal information for the purpose of preparing a report for my third party payer or B) obtained any medical information that is relevant to my treatment (for example x- ray/lab results).

Consent to assessment and treatment

I understand that physical therapy assessment and treatment requires physical contact and / of use of electrical devices as well as exercises. I consent to such assessment and treatment, as explained to me by the physical therapist. I agree to Silverberry Physiotherapy Clinic Polices (If patient is under the ago of 18 , parent guardian is to sign

Personal belongings

Silverberry Physiotherapy clinic cannot be held responsible for loss or damage to personal goods and belongings

Acknowledge

I acknowledge that there is always some risk of physical harm involved in any form of exercise of physical treatment and absolve the therapists employed by Silverberry Physiotherapy Clinic of any responsible for injuries occurred by myself during the course of physical therapy assessment or treatments . I also acknowledge that it is my responsibility to inform my treating therapist of any undue discomfort or side - effects from treatment. I understand that I withdraw this consent and refuse further treatment at any time.

I agree to Silverberry Physiotherapy Clinic Polices (If patient is under the age of 18 , parent guardian is to sign) signature / date / witness _____