KAMLOOPS ACTIVE HEALTH
chiropractic • rehabilitation • massage

NEW PATIENT FORM

Please tell us about yourself

Name: □Mr. □Mrs. □Miss □Ms. □Dr.

First Name: _____ Last Name: _____ Middlle Initial(s): _____

How do you wish to be addressed in our office?(i.e. Mr. Smith or by First Name):_____

Date of birth (dd/mm/yr): _____/_____/_____

Provincial Health Card #: _____

Current Address _____

_____ Postal Code: _____

Phone: Home (____)_____ Work (____)_____ Cell(____)_____

For appointment concerns, may we contact you at home/cell? (Yes □ No □) Work? (Yes □ No □)

Ok to leave voice mail message on home/cell phone? (Yes □ No □) Work phone? (Yes □ No □)

Email:_____ (we will not share your email with anyone!)

Would you like to receive a reminder email (Yes □ No □) and/or text message (Yes □ No □) the day before your appointment? (IF Text Msg, please provide your carrier:_____)

I would like to receive emails from Kamloops Active Health that will keep me updated on clinic hours and other clinic news. (Yes □ No □)

Occupation: _____

Emergency Contact: _____ Phone: (____) _____

Relationship:_____ (ie: spouse, friend etc.)

Is your visit because of an automobile injury? Yes □ No □ if yes, Date of Accident_____

Is your visit because of a workplace injury? Yes □ No □ if yes, Date of Accident _____

Claim #:_____

Medical Doctor

Medical doctor's name: _____

Medical doctor's city: _____ phone (if known): (____) _____

Have you seen a Medical Doctor for this complaint? _____Yes or _____No

Have you seen any other practitioner for this complaint (ex: massage, physio)?_____

One more page! →

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How did you hear about our clinic? Please check all that apply.

Radio □ Newspaper Ad □ Yellowpages □ Flyer □ Workshop □ Newspaper Article □

Friend/personal referral □(name:_____) Other□_____

Our fee schedule

Thank you for entrusting your precious health to us at Kamloops Active Health. We currently charge the following for our services.

	Regular	Low Income**	12& Under
Initial visit	$ 60.00	$ 25.00	$ 50.00
Subsequent visit	$ 45.00	$ 10.00	$ 33.00
House Call	$ 100.00		
Emergency/After-hours Visit	$ 100.00		

We accept cash, Debit, Visa and MasterCard.

**Please note that BC MSP subsidizes low income patients $23/visit and covers 10 visits/year. Proof of coverage must be confirmed at the time of the appointment. Kamloops Active Health charges an additional fee on top of the MSP billing. If your MSP coverage has run out the rate per visit is $50.00 for an initial visit and $33.00 for a subsequent visit.

It is our policy at Kamloops Active Health that ***the patient's account is the responsibility of the patient*** and payment in full is expected at the beginning of each visit. We are unable to bill your extended health carrier, but we are more than happy to provide you with the documentation needed for you to do so. Thank you for your cooperation and understanding.

Consent

I, _____, have read the above and understand that I am responsible for all charges relating to my visit at Kamloops Active Health.
(Print name here)

_____ _____
Signature Date

_____ _____
Guardian signature if <18 years of age Date

I, _____, hereby authorize the Kamloops Active Health to release information on my health history and treatment to:
(Print name here)

Please check the ones you authorize: □WCB □ICBC □Extended Health Insurance
□Employer □Other Medical Practitioners

_____ _____
Signature Date

_____ _____
Witness Date