Oceanside Physiotherapy
& Work Conditioning Centre
Owned & Operated by JAJ Martin Physiotherapist Corporation
#3 - 1009 Allsbrook Rd., Parksville, BC V9P 2A9 Telephone: (250) 248-9666 Fax: (250) 248-2199

PATIENT HISTORY

Name:	Phone #: Cell #:
Date of Birth (mm-dd-yy):	Email Address (*for appointment reminders*):
Address & Postal Code:	Occupation:
Care Card #:	List sports, activities & hobbies:
Family Doctor:	Present complaint:
Weight: Height:	Are you receiving other treatment for this complaint: Y/N If yes… what treatment:

GENERAL HEALTH

Please check if you have any of the following:

❑ Asthma (or other chronic lung disease)	❑ High blood pressure
❑ Diabetes	❑ Hepatitis B or HIV
❑ Seizures or blackout	❑ Heart disease
❑ Pregnant	❑ Cancer
Other pertinent conditions:	❑ Pacemaker
List Medications:	Recent surgeries including dates:

WORK RELATED AND MOTOR VEHICLE ACCIDENTS ONLY

WCB/ICBC Claim #:	WCB Case Manager/ICBC Adjuster:
Date of accident:	Lawyer: Y/N (this is strictly for communication purposes) If yes… Name, Address, Phone Number:

PLEASE READ BELOW – SIGN & DATE

- I consent to treatment at Oceanside Physiotherapy & Work Conditioning Centre.
- I will pay for treatment which is not paid for by my insurance company.
- I am 19 years of age or older. (If younger than 19, parent or legal guardian must sign below.)
- I agree to communication of information with other professionals involved in my care.

****Cancellation Policy: We require at least 24hrs notice for cancelling or rescheduling your appointment. There may be a charge for any missed or late appointments.****

SIGNED: _____ DATE: _____

How did you hear about our clinic? _____