



athletestreatingathletes™

Intake Form

(please fill out the entire form)

Date: _____

PATIENT INFORMATION

Name: _____ Gender: _____ Date of Birth: _____ Age: _____
M / F MM/DD/YEAR

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: home _____ work _____ cellular _____

Can a message be left at your home answering machine? Yes No E-mail: _____

Can a message be left at your work answering machine? Yes No

Occupation (how do you spend most of your day?) _____

Emergency Contact: _____ Relation: _____ Telephone: _____

How did you hear about our clinic? Friend/Family, Name: _____ Phone Book Signage Other: _____

Alberta Health Care Insurance Plan Number: _____

Medical Doctor: _____ Telephone: _____

Address: _____ Date of last physical: _____

Chiropractor/Other Health Care Provider: _____ Telephone: _____

Address: _____

Date of last appointment: _____ Permission to consult with any of the above Health Care Providers: Yes No

PLEASE READ CAREFULLY, INITIAL & SIGN BELOW

I have read and I understand, in full, the **New Patient Information & Office Policies** page that was provided for me. In summary I have read and I understand that:

Payment is due once services are rendered. (____ initial)

I will be charged a 50% of my treatment costs should I fail to give 24 hrs notice for missed appointments or should I fail to show up without warning. (____ initial)

If I am late for my appointment, time will be reduced accordingly and the appointment will end when scheduled. (____ initial)

If I have a new complaint, or two complaints that need to be addressed during the same treatment, I will schedule additional time and the fees will reflect this additional time. (____ initial)









I, (please print name) _____, have read and understand the above and give permission to the discussion of any of the information provided amongst the Health Care Professionals necessary for my care.

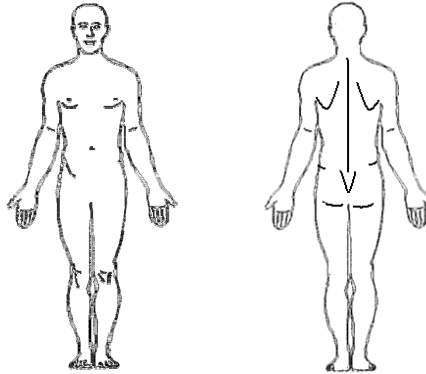
Signature: _____ Date: _____

Complaint

Reason for consulting the office: _____

Please fill in the following diagrams.
In the area of your complaint, please fill in that area with following symbols that best describes what you feel.

- Sharp 
- Stabbing 
- Numbness 
- Dull 
- Achy 
- Pins & Needles 
- Burning 
- Stiff 



Pain Scale

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain

Circle (O) the following that you are currently experiencing AND check (√) the following if you have had them previously.

<p>Conditions</p> <p>Cancer Diabetes Hepatitis Arthritis Osteoporosis Stroke Asthma Depression</p> <p>Respiratory</p> <p>Difficulty Breathing Chronic Cough Wheezing</p> <p>Joints</p> <p>Swollen Joints Achy Joints Stiff Joints</p>	<p>Cardiovascular</p> <p>Palpitations Heart Attack Chest Pain High Blood Pressure Low Blood Pressure Poor Circulation</p> <p>Musculoskeletal</p> <p>Neck Pain Upper Back Pain Low Back Pain Shoulder Pain Elbow Pain Wrist Pain Pelvic Pain Hips Pain Knee Pain Ankle Pain</p>	<p>Neurological</p> <p>Sciatica Dizziness Double Vision Falls of no cause Difficulty Speaking Difficulty Swallowing Difficulty Walking Numbness Nausea/Vomiting Headaches Muscle Weakness</p> <p>Gastro-Intestinal</p> <p>Stomach Pain Difficult Defecation Loss of Bowel Control Poor Appetite Loose Stool</p>	<p>Genito-Urinary</p> <p>Frequent Urination Difficult Urination Loss of Bladder Control Kidney Infection Painful Urination Painful Menstruation</p> <p>Other</p> <p>Fever Weight Loss Worsening of Symptoms Pain at Night Difficulty Sleeping Stress Anxiousness</p>
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Lifestyle

Smoke: Never Occasionally Regularly
 Alcohol: Never Occasionally Regularly
 Vitamins: Never Occasionally Regularly
 Medications: Never Occasionally Regularly

Expand: _____
 Expand: _____

Exercise: Never Occasionally Regularly

Expand on the Type of exercise and Frequency:



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New Patient Information & Office Policies

We would like to welcome you and thank you for choosing our office. We would like to take this opportunity to introduce to you our doctors, our services and our policies.

Chiropractors & their working hours

Dr. Ryan Emmons

Mondays 2-7:30

Tuesdays 9-1:30

Thursdays 2-7:30

Fridays 9-1

Saturdays 9-1

Dr. Angela Pucci

Tuesdays 4-7:30

Wednesdays 9:00-1:30

Fridays 3:30-7

Chiropractic

Chiropractic adjustments and/or mobilizations (gentle movements of a joint that does not involve a high-velocity thrust) can help restore movement in joints, thus improving the joints ability to function. Manipulation and mobilization can also affect the nervous system, improving health.

Active Release Techniques (ART®)

ART® locates & treats problems with muscles, ligaments, fascia & nerves; breaking down adhesions that could otherwise progress into further soft tissue injuries.

Graston® Technique

Graston® Technique is an innovative, patented form of instrument-assisted soft tissue mobilization that enables clinicians to effectively break down scar tissue and fascial restrictions. This technique utilizes specially designed stainless steel instruments to specifically detect and effectively treat areas exhibiting soft tissue fibrosis or chronic inflammation.

Acupuncture

Acupuncture is an old therapeutic method from Chinese medicine in which fine, solid needles are inserted into the skin at specific points, at varying depths and are left in place or manipulated by electrical stimulation.

Orthotics

Orthotics are custom made shoe inserts designed to support and correct any misalignment in your feet in order to help your feet function more optimally. When orthotics are custom molded, they are made specifically for your feet and fit your particular needs. Once the orthotic is made, it is placed in your shoe and helps align your foot to encourage the most optimal and efficient functioning

Kinesio Taping

Kinesio Taping is a newer treatment protocol that gives support & stability to joints and muscles without affecting circulation or range of motion. It is a treatment that uses non-restrictive tape to help reduce pain, inflammation, relax overused/overtired muscles, & support muscles in movement.

Financials & Fee Schedule

It is our policy that treatments are paid for the day the service is provided. Exceptions being missed appointments and canceling outside of our cancellation policy (see below).

In an attempt to be as eco-friendly as we can, **receipts** will be given, upon request, at the end of each calendar year.

Fees for services offered at Kensington Fitness Studio are as follows

Service	Cost
Initial consultation & treatment	\$120
15min chiropractic & ART/Graston (one complaint)	\$59
30min chiropractic & ART/Graston (two complaints)	\$89
30min acupuncture	\$89
Chiropractic adjustment only	\$40
Chiropractic adjustment for children	\$20
Re-evaluation or New Complaint (30min)	\$89

Canceling Appointments & Being Late

Just as we respect your time we expect the same in return. 24 hours of notice is required for all cancelled appointments. Should 24 hours notice not be given, or should you fail to show for your scheduled appointment, you will be charged 50% of your treatment fee.

More than one complaint

Appointment bookings allow time necessary to address **one** area of complaint. If you have two complaints that need to be addressed during the same treatment, extra time will need to be scheduled. In order to account for additional time needed, patients will be charged according to the time spent with Dr. Ryan or Dr. Angela.

New complaint

If you have a new complaint that needs to be addressed, please notify when booking a follow-up visit to allow for time necessary to assess and treat the new complaint.