

Client Intake Form

Full Name:

Address:

Telephone Number: Home: _____ Work: _____

Cell: _____

Email:*

Doctor's Name _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Birth Date: _____

Is this an ICBC claim? Yes _____ No _____

How did you hear about the clinic?

* used for email appointment confirmations, 2 day reminders and our newsletter only

PRIVACY POLICY

Maria Baljak, PT is committed to maintaining your privacy and conforms to the British Columbia Freedom of Information and Protection of Privacy Act.

CONSENT TO TREAT AND RELEASE OF INFORMATION

I hereby consent to receiving assessment and treatment by Maria Baljak, PT. I understand that consent is fully voluntary and may be revoked by me at any time.

Maria Baljak, PT may require information from my doctor, medical specialist, lawyer or insurance company. My consent is voluntary and may be revoked in writing at any time. I consent to the release of information to Maria Baljak, PT from my physician(s), medical providers, lawyer and/or insurance company including ICBC. I also authorize the release of my records to my lawyer, ICBC or my insurance company.

Print Name

Client Signature

PAYMENT POLICY

The fees for all services provided by Maria Baljak, PT are the client's responsibility. If the client's insurance company does not agree to pay for treatment, these fees will be billed to the client. If the client has extended medical coverage, they may receive a partial reimbursement and Maria Baljak, PT will provide the client with a receipt for submission to the insurance company.

I understand that **24 hours notice is required to cancel an appointment** and I accept responsibility for paying the full cost of the treatment if 24 hours notice is not given. I understand and agree that any fees that I incur are my sole responsibility.

Print Name

Client Signature

Date