



PATIENT INFORMATION FORM

TODAY'S DATE: _____

Name <i>(Last) (First) (initial)</i>			Birth Date <i>dd/mm/yy</i>	
Street Address:				
City/Prov/PC: <i>City Province Postal Code</i>				
Phone (H):	(W):	(C):	Male	Female
Personal Health No.		Email:		
Height:	Weight:	Marital Status:	Occupation:	
Name of nearest relative:			Phone:	
If Child (under age 18); Parents Name and Daytime Tel#:				
Referring Physician:		Family Physician:		
Which Doctor are you seeing today?		If WCB, Claim#:		

1. Problem occurs in: neck shoulder elbow arm wrist hand head
 back hip knee ankle foot Other: _____
2. Identify Problem area: right left both
3. Main complaint regarding problem area:
 Pain swelling locking giving way catching Other: _____
4. Date of Injury: _____ Activity at time of injury: _____ Is this a re-injury: Y N
5. Any diagnostics? Xray MRI CT Ultrasound Other
6. Treatments to date: Physiotherapy Chiropractic Massage Therapy Bracing
7. Do you compete at your main activity? Y N If yes, at what level? _____
8. Have you had any previous surgery? Y N If yes, what was done? _____
9. Hospitalized for other conditions? Y N If yes, please list:
Conditions: _____ Date (s): _____
10. Do you take any medications? Y N If yes, please list: _____
11. Do you have any drug or other allergies? Y N If yes, please list: _____
12. Have you had anesthesia before? Y N If yes, were there any problems? Y N
13. Do you have any problems with any of the following (check all which apply):
 Stomach Neck Thyroid Kidney Psychiatric
 Reproductive System Jaundice Spine Head Lungs
 Nervous System Eyes/Ears Arthritis Asthma Ulcer
 Bleeding Disorder Heart Hepatitis Diabetes Epilepsy
 High Blood Pressure Cancer Yes, I smoke. ____ pack a day Other: _____

The personal health information you provide to the Sport Medicine Centre is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided.

For more information, please contact the Sport Medicine Centre Privacy Officer at: (403) 220-77037