



## PATIENT INFORMATION

First Name		Last Name	
Address			
City		Postal Code	
Phone (Home)		Phone (Cell)	
Date of Birth		E-Mail	
Family Doctor		Dr. Phone	
Dr. Address			

HOW DID YOU HEAR ABOUT BACK WORKS? Doctor  Word of Mouth  Google/Internet  Facebook  Signage  Other  \_\_\_\_\_

### HEALTH STATUS & HISTORY

Briefly describe why you are seeking Physiotherapy \_\_\_\_\_

#### DO YOU OR HAVE YOU EVER HAD:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Blood transfusion                         | <input type="checkbox"/> Kidney problems          | <input type="checkbox"/> Lung problems       | <input type="checkbox"/> Cancer                              |
| <input type="checkbox"/> Jaundice or hepatitis                     | <input type="checkbox"/> Epilepsy/Seizures        | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Depression/<br>Mental Health Issues |
| <input type="checkbox"/> Positive HIV test                         | <input type="checkbox"/> Skin disease/sensitivity | <input type="checkbox"/> Osteoporosis        | <input type="checkbox"/> Arthritis                           |
| <input type="checkbox"/> Diabetes                                  | <input type="checkbox"/> Congenital problems      | <input type="checkbox"/> Pacemaker           | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> High Cholesterol                          | <input type="checkbox"/> Heart problems           | <input type="checkbox"/> Repeated infections |  |
| <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Stroke                   | <input type="checkbox"/> Thyroid problems    |  |
| <input type="checkbox"/> Are you pregnant or suspect you might be? | <input type="checkbox"/> Do you smoke?            |  |  |

SIGNIFICANT SURGERIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

#### PAYMENT OF SERVICES AGREEMENT

I agree to assume the responsibility for all fees for services/products incurred by me at Back Works Spinal and Sports Rehabilitation.  
 Back Work does not offer direct billing for privately paid appointments.  
**A charge will be applied for a missed appointment or if an appointment is cancelled on the same day as the appointment.**

#### MEDICAL RELEASE AGREEMENT

I authorize the release of my medical information from Back Works to my family doctor.

Initials \_\_\_\_\_

Signature <small>(Patient or Guardian)</small>		Date	
Guardian Name(s)			



**PRIVACY POLICY AND COLLECTION OF INFORMATION AT BACK WORKS**

As required under the Personal Information Protection and Electronic Documents Act (PIPEDA) the following policies have been established.

Back Works Spinal & Sports Rehabilitation collects information on its patients in order to satisfy the demands of the College of Physiotherapists of Ontario's requirement to maintain a health record and the statutory rights of the College to audit and review the professional staff.

A secondary purpose of this information is to advise patients of upcoming appointments, information, articles or events on the clinic website and to send such information to their email address if they indicate an agreement.

For the payment of goods and/or services by a 3<sup>rd</sup> party (e.g. private insurers or WSIB) these payers often have legislative or your written consent to disclose certain information to them about you to ensure identification of you as the correct insured or to confirm entitlement .

**SAFEGUARDING OF INFORMATION**

Paper information is stored in an office area that is monitored. Professional staff or students have access to these files. Volunteers or other non-staff are not permitted access unless there is compelling educational value in accessing the physiotherapy chart. This is at the discretion of the professional staff.

Electronic information is stored on the main computer with a daily backup this is stored offsite by staff.

Paper or electronic information in transit to another location is kept locked and out of sight in a car trunk or similar.

**DESTRUCTION OF INFORMATION**

Patient health records are kept for 10 years or 10 years after the patient's 18<sup>th</sup> birthday as appropriate. Following this, files are destroyed by a commercial document destruction company with a report on the completion of the destruction.

**The information officer for Back Works Spinal & Sports Rehabilitation is Dave Wilkinson.**

**Please Initial \_\_\_\_\_**