

PLEASE PRINT CLEARLY

Please complete all information.

Today's Date: _____ How did you hear about us? ☐ Doctor ☐ Friend ☐ Coach ☐ Drive By ☐ Internet ☐ Social Media ☐ Yellow Pages
Details/Other: _____

Health Card # _____ Version: _____ Province: _____

Mr./Mrs./Ms. _____ Last Name: _____

First Name(s): _____

Date of Birth: M _____ D _____ Y _____ Gender: M or F

Mailing Address

Contact Numbers (please check best number to contact you)

Street: _____ Home No.: ☐ _____

_____ Work No.: ☐ _____ Ext. _____

City: _____ Mobile No.: ☐ _____

Postal Code: _____ Other No.: _____

Email Address: _____

I would like to receive: ☐ Appointment reminders by email or ☐ Appointment reminders by text (# _____)
☐ GRSM eNews (4-5 per year) ☐ Access to GRSM Client Portal

Referring Physician: _____

Family Physician: (if different from above) _____

Current Medications: _____

List Allergies: _____

Previous Illnesses & Surgeries: _____

Do you have extended health with: ☐ Greenshield ☐ Blue Cross ☐ Great West Life
☐ Standard Life ☐ Industrial Alliance ☐ SunLife Financial

Are you attending due to: ☐ Motor Vehicle Accident (MVA) injury ☐ Workplace (WSIB) injury

Consent Form (on back)

I have read the Consent Form on the back and I agree to Grand River Sports Medicine Centre (GRSM) collecting, using and disclosing personal information about me as set out on the back and in GRSM's Privacy Policy.

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship: _____

For office use only. ☐ Cambridge ☐ Kitchener-South ☐ Kitchener-Downtown
☐ OACE ☐ CONCUSSION ☐ AIRR ☐ Other _____

CONSENT FORM

Welcome to Grand River Sports Medicine Centre Inc. We want you to understand and consent to the services we provide to you, the costs involved and what we do with personal information we obtain about you. If you have questions about any of this, please ask.

CONSENT FOR TREATMENT

Our health care practitioners are trained professionals licensed by regulatory bodies for their specific profession to provide diagnosis and treatment for health related concerns. Diagnosis, assessment and treatment may include physical examination and observation. If you are receiving rehabilitation services and products, your treatment may include: sports medicine diagnosis and treatment; physiotherapy assessment and treatment; massage therapy assessment and treatment; athletic therapy assessment and treatment; pedorthic assessment and treatment; and nutritional counseling.

By signing this form, you agree to our treatment.

CONSENT FOR THE COST OF OUR SERVICES

You will be given a current Fee Schedule at the time you sign this Consent Form. By signing this form, you agree:

- to pay for all services when they are provided
- if you do not pay for a service at the time it is received, to pay interest on any outstanding balance at the rate of 2% per month and, on default, to pay all costs of recovering the debt, including legal and/or agent costs;
- to provide **24 hours** notice when canceling an appointment. Because your appointment time is reserved exclusively for you and our professionals cannot use this time to see other patients, if you do not provide 24 hours notice of cancellation, you agree to pay our standard fee for the missed appointment, as if you had attended.

CONSENT FOR PERSONAL INFORMATION

Grand River Sports Medicine Centre will collect some personal information about you (e.g. home address, telephone numbers, health card number, health history etc.) in order to provide you with sports medicine and/or rehabilitation services and products. At the time you sign this Consent Form, you will be given a copy of our Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and your right to review your personal information. By signing this form, you agree that:

- Grand River Sports Medicine Centre (GRSM) may collect, use and disclosure personal information about you as set out in this form and in GRSM's Privacy Policy;
- you understand how our Privacy Policy applies to you;
- you have had an opportunity to ask any questions you have about our a Privacy Policy and they have been answered to your satisfaction;
- you understand there are some rare exceptions to the commitments in our Privacy Policy, as explained in the Policies and Procedures for Personnel Information issued by the Government of Canada.

Health • Exercise • Performance
Achieve Your Goals!

CAMBRIDGE

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