

Client Intake Form

name				email address		
home phone		work phone		cell phone		
address	CITY		STREET		POSTAL CODE	
PHN carecard #				date of birth		
family doctor				referring physician		
emergency contact				phone number		
how did you hear about us?						
may we contact you at work?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

FUNDER INFORMATION if applicable

Worksafe BC claim #			date of injury		
claim manager			phone number		
ICBC claim #			date of injury		
ICBC adjuster			phone number		
lawyer			phone number		
other funding (RCMP, DVA, etc.)					

Please note: your appointment time has been specifically set aside for you alone. If you cancel an appointment with less than 24 hours of notice we reserve the right to charge a nominal fee of \$10, due at the next session.

I have read and understood the above statement and agree to abide by the policy.

signature	date
_____	_____
name (please print)	

Personal Health Information Consent Form

Please Initial next to A, B, C, as appropriate, and sign below.

_____ **A. Authorization to contact my doctor and involved healthcare professionals:**

I authorize Pinpoint Physiotherapy to share my personal information with any other healthcare professionals involved in my care. Pinpoint cares about your privacy and will only share information in order to facilitate best treatment.

_____ **B. Authorization to receive copies of my Diagnostic Imaging:**

I authorize Pinpoint Physiotherapy to contact the imaging department of my hospital or private imaging company in order to request copies of reports related to my injury or impairment. Requested reports may include but are not limited to X-ray, MRI, CT scan, and ultrasound.

_____ **C. Authorization to contact my insurance company:**

I authorize Pinpoint Physiotherapy to contact any insuring agency involved in my claim. Examples of insuring agencies include, but are not limited to, ICBC, Worksafe BC, and Blue Cross.

The purpose of any of the above contact will be to facilitate effective assessment, treatment, or other services for me. Contact with any of the above may occur via mail, email, fax, or voice.

By signing below I am indicating that I have read, understood, and consent to the above initialed sharing of information.

**** before signing below ensure that you have initialed the 3 sections above ****

signature

date

name
(please print)

Dry Needling Consent Form

Physiotherapists at Pinpoint have received advanced training in Dry Needling techniques. These techniques include Medical Acupuncture and Intramuscular Stimulation (IMS).

Dry Needling uses fine and flexible needles to reduce muscle tension and stimulate healing. No drugs are injected. Dry Needling is generally a safe treatment technique but as with any medical procedure there are possible complications.

If any of the following statements apply to you then Acupuncture/IMS may not be appropriate.

Please advise the therapist if you:

- are pregnant
- have a pacemaker or a heart condition
- have experienced syncope
- have diabetes or a clotting disorder
- are on blood thinners such as Coumadin, Warfarin, Heparin, Plavix, or high doses of Aspirin
- tend to faint
- have a fear of needles or have ever had a reaction to needles

Minor, more common side effects include bruising, numbness or tingling near the needling sites that may last a few days, temporary worsening of symptoms, and dizziness or fainting. Rare side effects include nerve damage, organ or lung puncture, and infection. While the above complications are rare in occurrence they are real and must be considered prior to treatment.

By signing below I am indicating that I have read, or have had read to me, and understand this consent to treatment, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for future condition(s) for which I seek treatment. **I understand that I can withdraw my consent at any time.**

signature

date

name
(please print)