Bridges
Community Health Centre
Fort Erie and Port Colborne/Wainfleet

Community Program Intake Form
PHYSIOTHERAPY

HEALTH INSURANCE or PERSONAL HEALTH COVERAGE:

Do you have personal health coverage? ☐ Yes ☐ No If yes, are physiotherapy services covered? ☐ Yes ☐ No

Name of Health Insurer or Benefit Company: ______________________________

Amount allowed for physiotherapy/year: $________ Have you used all physio benefits this year? ☐ Yes ☐ No

HEALTH PROVIDER HISTORY:

Are you currently enrolled with a Family Physician or Nurse Practitioner? ☐ Yes ☐ No

If YES, who? ______________ Last appointment date ______________ In what City/town? ______________

If NO, who was your last Family Physician? ______________ In what City/town? ______________

REASON FOR PHYSIOTHERAPY:

What body area is affected? ______________________________

When did the problem/discomfort begin? ______________________________

What activity caused the discomfort to begin? ______________________________

ADDITIONAL MEDICAL INFORMATION:

What medication are you currently taking? ______________________________

Do you have any allergies? ______________________________

Other: ______________________________

PROTECTED AND CONFIDENTIAL WHEN COMPLETED

Thank you for completing this form which provides the Health Centre with statistics that are required by the Ministry of Health and Long-term Care. Bridges Community Health Centre (CHC) is a "Health Information Custodian" (as per The Personal Health Information Protection Act) which means that we store your Personal Health Information (PHI) in our systems. In accordance with the Act, we collect PHI directly from you or from the person acting officially on your behalf (e.g. your Substitute Decision Maker). The PHI that we collect may include your name, date of birth, Health Card Number, address, health history, records of your visits to Bridges CHC and the care that you received during those visits. Occasionally, we collect PHI about you from other sources only if we have obtained your consent or if permitted by law. Such other sources could include other health service providers working with us to provide care to you (e.g. hospitals, specialists, etc.). Staff at the Centre operate as a team to provide the best services possible to you. As such, you may deal with more than one staff member, which means that staff may need to share information to help serve you.

ALL INFORMATION IS KEPT CONFIDENTIAL WITHIN THE CENTRE AND IS USED ONLY FOR HEALTH-RELATED PURPOSES.

Comments or Limitations to Consent: Date of Application:______________________	☐ I have read and understand this information ☐ I have read and DO NOT understand but I consent to be registered in the computer. **Client Signature: (Please sign below)**