Diversified Health Clinic

www.diversifiedhealth.ca

1063 Fort Street Victoria, BC V8V 3K5 Ph. (250) 382-0018 Fax (250) 382-0083

PATIENT INTAKE: BC Health Care Card _____

Name _____Date of Birth (MM/DD/YYYY) _____

Address _____
Unit & Street number City Province Postal Code

Home #: ( ) _____ Cell # :( ) _____ Preferred Contact #: Home / Cell

E-mail _____
I consent to receiving appointment reminders and recalls by email. **YES** **NO** (please circle)
I consent to receive e-newsletters by email. **YES** **NO** (please circle)

Occupation _____ Employer _____

Are you a member of the RCMP, DND, DVA? YES/ NO Member ID#: _____

Recent Vehicle Accident? Yes / No Date: _____ ICBC Claim Number_____

Work Related Injury / Accident (WCB) Yes / No WCB Claim Number _____

Extended Health Carrier Company: _____ Policy/Group:_____

Emergency Contact & Phone Number _____Relationship: _____

How did you hear of the office? ☐ Website ☐ Google ☐ Facebook ☐ Personal Referral ☐ Signage ☐ Professional Referral ☐ Other

What is the reason for your visit to our Clinic? Please list your main physical ailment or complaint.

_____

Do you take any vitamins, herbs or other supplements? Yes / No

If yes, please list them_____

_____

MEDICATIONS YOU CURRENTLY TAKE: (please circle)

Anti-inflammatory	Pain Killers	Muscle Relaxants	Blood Pressure
Tranquilizers	Insulin	Birth Control Pills	

Other medication:_____

Date of Last Medical Examination: _____

List all surgical operations and years:_____

_____

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CLINIC FEES: **PAYMENT IS DUE AT THE TIME OF TREATMENT**

CHIROPRACTIC Initial Treatment	$65.00	**X-rays (2 films)**		$90.00
CHIROPRACTIC Subsequent Treatment	$50.00	**SPINAL DECOMPRESSION** (Chiro)		$65.00
CLASS IV LASER Treatment (Chiro)	$65.00	**eToims**		$110.00
PHYSIOTHERAPY Initial Treatment	$85.00	**RMT**	30 Min	$55.00
PHYSIOTHERAPY Subs. Treatment	Varies		45 min	$80.00
SHOCKWAVE Treatment	$99.00		60 min	$100.00
ACUPUNTURE Initial Treatment	$100.00		75 min	$115.00
ACUPUNCTURE Subsequent Treatment	$85.00		90 min	$140.00
ACUPUNCTURE Cupping Only	$50.00		120 min	$175.00

Prices include all applicable taxes

WCB CLAIM: Please notify the office if you start a WCB claim. If your claim is accepted, WCB will pay for up to 8 weeks of treatment. ***If your claim is not accepted, you are responsible for all outstanding amounts owing on your account. Please note that we only accept WCB claims for Chiropractic services.***
We DO NOT accept WCB claims for Physiotherapy services.

ICBC CLAIM: Please notify our office if you start an ICBC claim. **Our office does not bill ICBC directly for RMT or Acupuncture.** ***You are responsible for all outstanding amounts owing on your motor vehicle claim.***
Extended Health Benefits direct billing: In the event that your Extended Health carrier rejects our submission for payment, you are responsible for all outstanding balances on your accounts.

PATIENTS ON PREMIUM ASSISTANCE: (CARECARD MUST BE PRESENTED & VERIFIED)

For eligible persons, MSP Premium Assistance will subsidize a combined limit of 10 treatments for Chiropractic, Physical Therapy, Naturopathy, Registered Massage Therapy, Non-surgical Podiatry, and Acupuncture each calendar year.
***Please inquire for the patient payable amount for each specific Therapy as prices vary depending on the services provided.*
Once your MSP subsidy is exhausted, regular office fees apply.

ASSIGNMENT OF MEDICAL SERVICES PLAN BENEFITS:

I request that benefits payable to me under the MSP act for services rendered by the practitioners at Diversified Health Clinic be made payable in my name to the following address: 1063 Fort Street Victoria, BC V8V 3K5. Further, I assign these amounts to my attending practitioners and direct that they may be applied, as received, against the outstanding balance of monies owing by me to DIVERSIFIED HEALTH CLINIC for the care provided.

Patient Signature _____ Clinic Signature _____

Date: _____

Patient Printed Name: _____ Clinic Printed Name: _____

We request a minimum of 24 hours notice if you need to cancel your appointment. If you miss an appointment, or fail to provide 24 hours notice, a $25.00 missed appointment fee will be applied to your account.

DHC 2018