PATIENT INTAKE:

Name: _____

BC Health Care Card _____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 & recalls by email and/or SMS message. **YES** **NO** (please circle)

Occupation _____ Employer _____

B.C. Vehicle Accident? Yes / No Date: _____ ICBC Claim Number_____

Emergency Contact Name _____ Phone #:_____

Relationship: _____

How did you hear of the office? ☐ Website ☐ Google ☐ Facebook ☐ Personal Referral ☐ Signage ☐ Professional Referral ☐ Pre-Existing Patient ☐ 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:_____

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

CHIROPRACTIC Initial Treatment	$75.00		**ACUPUNCTURE**	60 min sub	$100.00
CHIROPRACTIC Subsequent Treatment	$60.00		**ACUPUNCTURE**	45 min sub	$90.00
CLASS IV LASER Treatment (Chiro)	$80.00		**ACUPUNCTURE**	Cupping only	$70.00
SPINAL DECOMPRESSION (Chiro)	$70.00		**RMT**	30 Min	$70.00
PHYSIOTHERAPY Initial Treatment	$100.00			45 min	$95.00
PHYSIOTHERAPY Subs. Treatment	$85.00			60 min	$115.00
SHOCKWAVE Treatment	$105.00			75 min	$130.00
eToims	$110.00			90 min	$155.00
VESTIBULAR Initial	$125.00			120 min	$190.00
ACUPUNCTURE INITIAL	$115.00		**PELVIC FLOOR** Initial		$155.00
			PELVIC FLOOR Subs.		$125.00

Prices include all applicable taxes

ICBC CLAIM: Please notify our office if you start an ICBC claim. ***You are responsible for all outstanding amounts owing on your motor vehicle claim in the event of ICBC non-payment.***
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.

We require 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 missed appointment fee of 50% of the cancelled appointment cost will be applied to your account and must be paid before any further treatments.

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 _____

Patient Printed Name: _____ Clinic Printed Name: _____

Date: _____