

# Bonavista Physical Therapy

739 Lake Bonavista Dr. SE, Calgary, Alberta

Tel: 403 278-0705 | [www.bonavistaphysio.ca](http://www.bonavistaphysio.ca)

**MOTOR VEHICLE  
ACCIDENT INTAKE**

**Please print clearly.**

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

(last)

(first)

(middle initial)

Birth Date: \_\_\_\_\_

(month)

(day)

(year)

Age: \_\_\_\_\_ Sex: Male  Female

Alberta Health Card #: \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_

(first initial & surname)

Your Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Incident Date: \_\_\_\_\_

## General Information:

Have you received physiotherapy treatment in the past year? \_\_\_\_\_

If so, where? \_\_\_\_\_

Is your injury due to a motor vehicle accident? \_\_\_\_\_

Is your injury due to an accident at work? \_\_\_\_\_

Were you referred to Bonavista Physical Therapy? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

If no, how did you hear of us? \_\_\_\_\_

What are your goals and expectations of Physical therapy? \_\_\_\_\_

Are you currently receiving any other treatment for this injury? \_\_\_\_\_

**If at any time you do receive adjunct therapy, please inform us, as this will affect the funding for your physiotherapy (i.e. – chiropractic, massage)**

A **\$20.00 fee** may be charged for failing to attend your appointment, or failing to cancel six hours prior to the appointment.

Physiotherapists practice within a code of ethics, and a privacy policy is in place.

In case of an emergency in this office, your therapist or another staff member will inform you of evacuation procedures.

Please sign in space provided in acknowledgement and understanding of the above, as well as authorizing permission for my physical therapist to communicate with and receive information from my doctor and radiologist.

Signature: \_\_\_\_\_

(if under 18yrs, legal guardian's signature)

Date: \_\_\_\_\_