



Last Name:	First Na	First Name:		Middle Name:			
Street Address:	City:	City:		Province:			
Postal Code: Email Address	<u> </u>				Date of Birth: (dd-mm-yyyy)		
Home Phone: Wor		Work Phone:		Cell Phone:			
Emergency Contact Person: Em		Emergency Contact Phone:		Emergency Contact Relationship:			
Provincial Health Care Number: Sex: Male Fem: Select your provincial health care provider: Other			Height:	Did your injury occur at work?		Did your injury occur as a result of a motor vehicle accident?	
 Alberta Health Care Quebec or international resident Other Canadian provincial health of 	iden can	tify so we best serve	Weight:	- No		☐ Yes☐ No	
Which on Referring Doctor's Clinic: □ Physi □ Massa consult notes, shared with this doctor? □ Yes			practor:				
Past Medical History: List all medical conditions. No medical conditions			billing for physiotherapy and massage therapy services. Past Surgical History: List all surgeries with year. No previous surgeries				
List All Current Medications: No medications	List All Allergies: No allergies Please complete be	oth sides					





history conditie No Yes mot	s. Please specify (eg. ther: hip eoarthritis): d you hear about us?		Do you drink alcohol? No Yes. How many drinks per week?	Do you use marijuana, CBD, or THC products? No Yes Do you take recreational or performance enhancing drugs? No Yes					
 Physician or other health care provider Online search Referral from a current or former patient (let us know who to thank!) Other: 									
Initial	Initial Patient Policies – Please Initial box beside policy once you have read it.								
Patient Appointment Confirmations & Reminders: We use automated systems to send patient reminders for most patient appointments. Please note that reminders are sometimes not provided due to system issues. These reminders are a courtesy to you. Please make sure to write down your appointment at the time of booking. No show fees will be applied even if you did not receive a reminder.									
Credit Card Policy: As of December 2, 2024, Group23 Sports Medicine is transitioning to Helcim as our new merchant and online payment processing provider. Credit cards that are processed can be used to process future transactions including but not limited to fees for services, no show fees, non-insured service fees or any other fees incurred. Invoices for completed payments will be emailed to patients once payment is processed. Credit card information will be encrypted, ensuring that full card details are inaccessible, in compliance with the highest standards of data security set by the Payment Card Industry Data Security Standard. If there are any disputes regarding charges, customers must contact Group23 Sports Medicine within 30 days of the charge date.									
	Late Arrivals: Please note that arriving late to appointments that are mid-way through their time slot may not be seen and will be subject to the patient cancellation/no show policy noted below. For all others, the duration of your appointment time will be shortened to allow your provider to meet their next appointment on time, and you will be billed the regular amount for your appointment.								
Patient Cancellation/No Show Policy: Please provide us with at least 24 hours' notice for appointments booked on Tuesday through Friday. For Monday appointments, or those appointments following a statutory holiday, please provide notice by 5:00 p.m. on the previous business day. All missed appointments that do not meet this requirement will be billed a \$100.00 fee for physician appointments, or 80% of the cost for the scheduled physiotherapy, massage or health and wellness appointment (not considered a reimbursable charge by your private insurance company).									
Pricing: If you have valid provincial health coverage and are not a resident of Quebec your visit with a sport medicine physician is covered by your provincial health care plan. Prices are subject to change. Please confirm your appointment and related charges at each booking. Physiotherapy and massage therapy are private pay services. We are not an AHS funded clinic for post-operative and post-fracture physiotherapy, even with a prescription.									
Patient Signature		Witness Signature							
Patient Name (please print)		Witness Name (please print)							
Date									
Guardian Signature (if patient is under 18 years of age)		Guardian Name (i	n Name (if patient is under 18 years of age)						