



For Office Use Only:

Chart #: _____

PATIENT'S NAME: _____

DATE: _____

WELCOME

The *Whiplash & Injury Clinic* welcomes you and would like to provide you with the best care possible. This is why we conduct an indepth intake questionnaire, a thorough examination and potentially x-rays during your initial visit to our clinic. Based on the intake, examination and potential x-rays, we can best determine if and how we can help you achieve your ideal health status. If, after the intake, examination and potential x-rays, we feel that we cannot help you, we will do our best to refer you onto another healthcare practitioner that may be able to better assist you with your health needs.

PATIENT INFORMATION *(Please write ABOVE the lines)*

Last Name/First Name/Middle Initial

Gender (M/F)

Name you would like to be called (if different than above)

Marital Status

Address

City/Province

Postal Code

Telephone # (home)

(work)

(cellular/mobile)

Name of Extended Health Insurance Provider / Policy # / Member #

MSP/Care Card #

Birth Date: Day: _____ Month: _____ Year: _____

Age: _____

How did you hear about us? _____

Your e-mail address: _____ Check box if you do NOT want to receive emails.

Medical Doctor (Last Name & Initials)

Telephone number

May we inform your Medical Doctor? Yes or No (Please circle one)

Emergency Contact Person (Name)

Telephone number

Name of parent/guardian if the Patient is a minor

Occupation/Profession: _____

Do you currently work? Yes / No (Please circle one)

