VEITCH
Physiotherapy | Massage

1-3 Union Street | Suite 101
Corner Brook, Newfoundland A2H 5M7
Phone: (709) 634-4882 **Fax:** (709) 634-4883
E-Mail: info@veitchphysio.com **Web:** www.veitchphysio.com

ASSESSMENT INFORMATION

First Name: _____ **Middle Name:** _____ **Last Name**: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Address: _____ **Postal Code:** _____

Email: _____ **MCP #:** _____

Present Complaint: _____

Date of Injury: _____ **Work related: Yes / No** **Details** - _____

X-Rays/Tests: _____

Medications: _____

Previous Treatment (i.e. physiotherapy / acupuncture / chiropractic):

_____

Date of Birth: _____

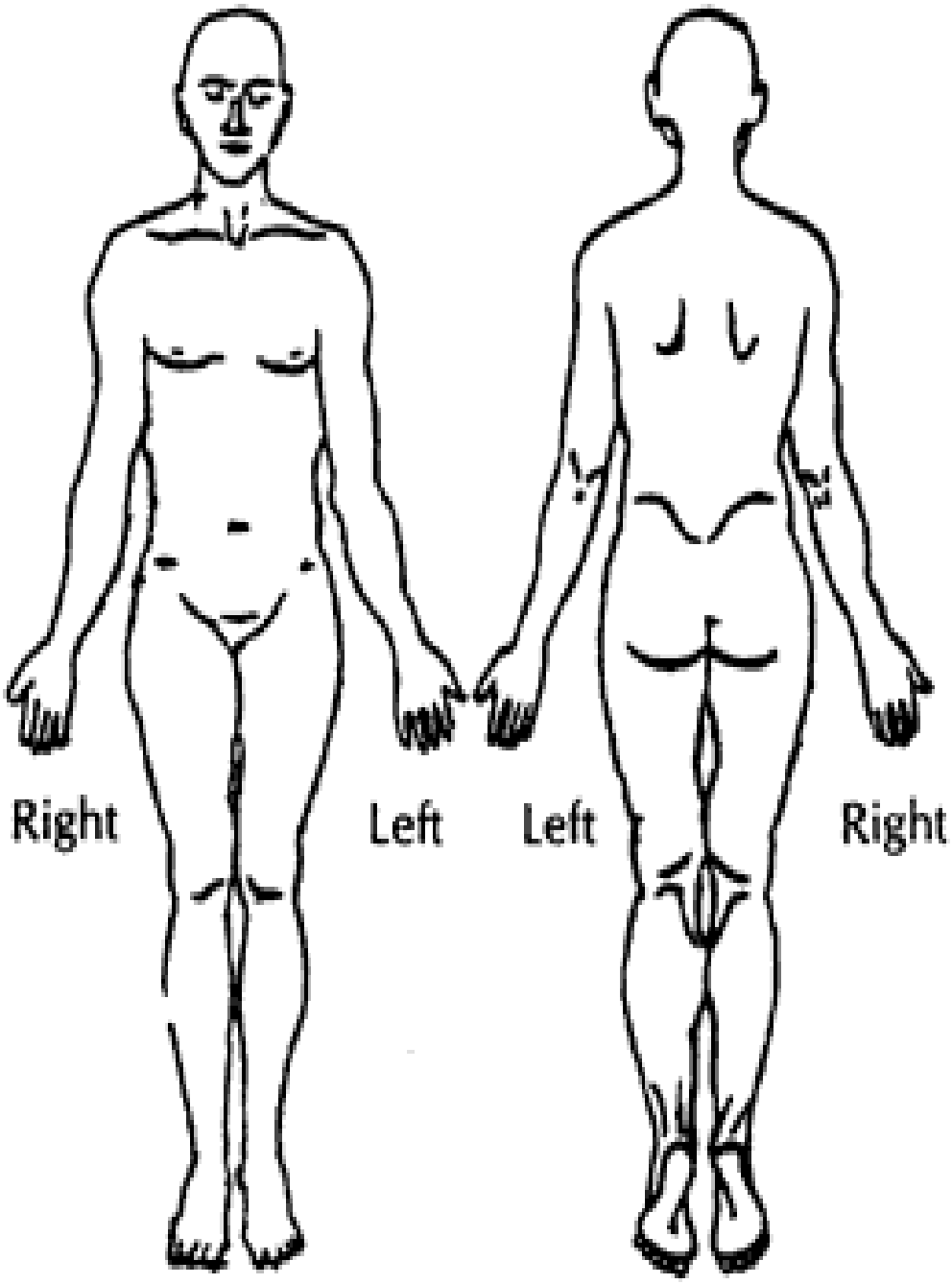
Employer: _____ **Occupation:** _____

Next scheduled Doctor/Specialist Appointment: _____

We kindly ask that if you must cancel or reschedule an appointment, please give us a minimum of 24 hours notice to avoid cancellation charges (price of the treatment that was scheduled to take place). Please note that these cancellation charges are the responsibility of the client, not WHSCC or any other form of third party payer.

Signature: _____ **Date:** _____

Please shade the areas where you have pain due to your current injury:



Over the past 24 hours, rate your pain in a scale from 1-10 where 0 = no pain and 10 = the worst pain imaginable: _____ / 10

What made you choose this clinic? _____