

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : / / Gender : ☐ Male ☐ Female ☐ Other
Month Day Year

Address :

Phone Number : E-Mail :

PHN # : How Did You Find Me :

Allergies : ☐ Yes ☐ No If Yes Please Specify :

Medications :

Primary Mode Of Walking : ☐ Independent With No Aids ☐ 4 Wheel Walker ☐ 2 Wheel Walker ☐ Cane
☐ Wheelchair ☐ Other, Please Specify :

Reason For Visit :

Past Medical History :

EMERGENCY CONTACT DETAILS

Contact Name : Home Number :
Relationship : Mobile Number :

More Information :

📞 780-919-0038
✉ info@homecarephysicaltherapy.ca
🌐 www.homecarephysicaltherapy.ca

THANK YOU

COLLECTION NOTICE

The personal and health information collected on this form is used to assess your condition, plan and provide your physiotherapy treatment, and process billing and insurance claims. This information is entered into our secure Staff App to manage your care. Questions about this collection? Contact our Privacy Officer, Michael Wadowski, at info@homecarephysicaltherapy.ca or 780-919-0038.

CANCELLATION POLICY

Consistent attendance is important to your progress, so please keep all scheduled appointments except in serious emergencies. Rescheduling requires 24 hours' notice — call or email to arrange a makeup appointment. Cancellations with less than 24 hours' notice are charged a \$50 fee, billed automatically to your credit card on file (required at booking); unpaid fees must be settled before rebooking. Repeated missed appointments may result in discontinued care.

CONSENT FOR TREATMENT AND BILLING AUTHORIZATION

I hereby authorize and grant permission to the physiotherapist to carry out such examinations, procedures and treatments as may be necessary. I also authorize and grant permission of the sharing of information about me with all professionals including third party payer, legal counsel, any medical personnel e.g. doctor, chiropractor, massage therapist, physiotherapist, etc. who are providing services to me. I am aware of my option to discontinue treatments at any time after discussion with my physiotherapist.

I acknowledge that no guarantees have been made to me as a result of the services.

Additionally, I authorize the storage of my credit card information for billing purposes. I understand that this information will be securely stored and used only for processing payments related to my treatments and services. I can request the removal of my credit card information at any time.

I further authorize my physiotherapist to submit claims directly to my insurance provider for services rendered, if applicable. I understand that I remain responsible for any charges not covered by my insurance.

CONSENT FOR AI-ASSISTED CLINICAL DOCUMENTATION

After your treatment session, your physiotherapist may dictate a summary of your visit using Heidi, an AI-based dictation and transcription tool, which converts that summary into your clinical notes (SOAP notes).

Heidi is not used to record or listen to your session itself — only your physiotherapist's post-session summary is processed. No audio is ever recorded or retained — only the resulting text notes are stored, for as long as they remain part of your chart. Your physiotherapist reviews, edits, and finalizes every note; Heidi is used only as an assistant, and your physiotherapist remains fully responsible for your care and your clinical record. Your data is hosted on Canadian servers and is never used to train Heidi's AI models or shared with third parties beyond preparing your note.

You have the right to decline the use of Heidi for your clinical documentation, and you may withdraw this consent at any time — simply let your physiotherapist know, and your notes will be taken manually instead.

☐

Yes, I consent

☐

No, I do not consent

By signing below, I confirm my consent to the Treatment and Billing Authorization on the previous page, as well as my selection above regarding AI-assisted documentation.

Signature : _____

Date : _____

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