HOME Care
Physical Therapy

INTAKE FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : ____ / ____ / ____ (Month / Day / Year)

Gender : ☐ Male ☐ Female ☐ Other

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.

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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 if 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 DICTATION AND TRANSCRIPTION ASSISTANCE

After your session, your physiotherapist may dictate a summary using Heidi, a secure dictation and transcription tool that uses artificial intelligence to help generate your clinical notes (SOAP notes). Heidi does not record or listen to your session itself; only the post-session summary is processed, and no audio is ever retained. Your physiotherapist reviews and finalizes every note and remains fully responsible for your care. Your data is hosted on Canadian servers and is never used to train Heidi's AI models or shared with third parties.

You may decline the use of Heidi at any time; just let your physiotherapist know, and your notes will be taken manually instead.

By signing below, I confirm my consent to the Treatment and Billing Authorization above, and acknowledge the information provided regarding dictation and transcription assistance.

Signature : _____ **Date** : _____

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