

Welcome to Pro Sport Rehab & Fitness!

PATIENT ENTRANCE FORM FOR NEW & RETURNING CLIENTS

Please complete this questionnaire. Your answers will help us to determine if we can help you. If we do not sincerely believe that your condition will respond satisfactorily, we will not accept your case. All information will be treated as confidential. *NOTE: Entrance & Consent forms must be updated every 12 months.

DATE: _____

Please Circle: New Client/Returning Client

PERSONAL INFORMATION

Name: _____

*If under 18, parent's name(s) & work/cell numbers: _____

Birth Date: _____ Age: _____ Email address: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone #: (C/H) _____ (W) _____

Occupation (optional): _____ How did you hear about us? _____

Emergency Contact/Relationship: _____ Phone: _____

HEALTH INFORMATION

*Family Doctor (**First & Last Name**): _____ Clinic Name: _____

*Referring Doctor: circle: Physician/Surgeon/Chiro _____ Clinic Name: _____

Please state your injury/reason for consulting our clinic: _____

1. **WOMEN:** Pregnant? **No Yes** _____
Months

3. Medications: (indicate if none) _____

4. Is this injury/visit related to a motor vehicle accident (**SGI**)? **No Yes**

5. Is this injury/visit related to a work injury (**Sask WCB**)? **No Yes**

6. Please rate pain level on the line:
No Pain _____ **Pain**
1 2 3 4 5 6 7 8 9 10

If pain is only present in certain situations (i.e.: sports, running, etc.) please indicate that level as well.

7. Have you ever had any problems with any of the following? *Circle all that apply to you:

- | | | |
|-----------------------------|-----------------------|------------------|
| High / Low Blood Pressure | Heart Trouble | Arthritis |
| Dizziness / Fainting | Headaches / Migraines | Stroke |
| Neck / Back Pain | Sinus Issues | HIV/AIDS |
| Contagious Skin Disorders | Asthma | Epilepsy |
| Anxiety / Depression | Digestive Disorders | Cancer |
| Bowel / Bladder / Menstrual | Diabetes | Hepatitis |
| Sleeping Difficulties | Fibromyalgia | Severe Allergies |

OTHER (anything not on this list): _____ **NONE** **Please circle if none**