BC BACK CLINIC
Unit 102–15150 No.10 Highway
Surrey, BC V3S 1B8
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www.bcback.ca

Confidential Health Record

Todays Date: _____/_____/_____
MM / DD / YYYY

Name: _____ Email: _____

Address: _____City: _____ Postal Code: _____ Care Card #: _____

Phone #: _____Cell #: _____Work #: _____ Birth Date: ____/_____/_____

Family Doctor: _____Phone #: _____ ICBC/WSBC Claim #: _____

How did you find our clinic? Check one:

☐ Friend/Co-worker Name: _____ ☐ Internet ☐ Yellow Pages ☐ Clinic Signage

Emergency Contact:_____ Relation: _____ Phone #: _____

Current Health History

Purpose of this appointment: _____

Major complaint: _____

Do you have any condition other than that which you are now consulting us? Yes No If yes, please explain:
_____

Has your Doctor ever said that you a heart condition that can be aggravated or initiated by exercise? Yes No

Do you have chest pain brought on by physical activity? _____

Have you ever been cautioned to exercise ONLY under medical supervision? Yes No

Other than your claim injury, do you have a bone or joint problem that may be aggravated by the physical activity of a whole body conditioning program? Yes No If yes, please list: _____

Past Health History

Do you know of, or are unsure, if any of the following apply to you?

- Heart Condition
- Chest Pain
- High / Low Blood Pressure
- Spinal Injury
- Epilepsy
- Currently Pregnant
- Respiratory Condition
- Neurological Condition
- Allergies
- Allergy to Latex
- Diabetes

Major Surgery / Operations

Hospitalization: _____

Previous Physiotherapy care Doctor's name and approximate date of last visit:
_____

Have you been treated for any health conditions in the last year? Yes No

Questions answered with a YES, will be discussed with your Physiotherapist

Comments: _____

I, the undersigned, do hereby consent to examination/treatment at BC Back Institute:

Signature: _____ Witness Signature: _____
(Parent/Guardian if under 18 years)

Print Name: _____ Witness Print Name: _____

All information provided will be held in strict confidence and used for internal purposes only BC Back Institute