



#1, 4324 – 54 Avenue, Red Deer, AB, T4N 4M2

Phone: (403) 348-0211, Email: cathy@achievevitality.ca, website: www.achievevitality.ca

CONFIDENTIAL CLIENT INFORMATION

Please print neatly.

Name: _____ Phone (home): _____

Sex: M F Birthdate: (MM/DD/YYYY): _____ Phone (work): _____

Address: _____ Phone (cell): _____

City: _____ Postal Code: _____

Occupation: _____ Height: _____ Weight: _____

Email: _____

Did someone refer you to us? If so, who? OR How did you hear about us?

INSURANCE INFORMATION

Name of insurance company(s): _____

Name of insured member: _____

Relationship to insured member: _____

***Please present your insurance card to the Front Staff.**

Medical History that your therapist should be aware of (list present/previous illnesses, conditions, accidents, surgeries, fractured bones, etc.):

Are you on any medications that your therapist should be aware of (blood thinners, light-sensitive, etc.)?

Are you sensitive to smells?:

Purpose of this appointment (major complaint):

When did these symptoms appear? _____

Have you ever had the same or similar conditions? _____ If yes, when? _____

How is this condition interfering with your daily routine? _____

Is it progressively getting worse? Y? ___ N? ___ Constant? ___ Comes & Goes? ___

What makes it worse? _____

What makes it better? _____

Other complaints: _____

Cancellation Policy:

Your appointment time is reserved especially for you. Any cancellations or rescheduling must be done with a minimum of six (6) business hours, or you will be charged the cost of your appointment.

Without adequate notice, you are preventing someone else from receiving the help that they may need. Thank you for your cooperation and understanding.

Email and Text Alerts:

Once this intake form is completed you are automatically signed up to receive appointment reminders and promotional information either by email or text message. We respect your privacy and will not share or sell the information with any other people or businesses. If you prefer not to be enrolled to receive these messages you can cancel all or part of this service at any time. Cancellation can be done in person or by email. You can send your email requests to cathy@achievevitality.ca or request opt out form from reception. Thank you.

I understand that the information I have given on this form will be confidential and will be used for no other purpose than the therapist's records. The contents of this form and related documents are the property of the clinic. I also verify that the above information is correct and complete.

Signature: _____ Date: _____