

Advanced Health Physiotherapy Vimy Ridge Academy

8205 90 Ave NW, Edmonton, AB Phone: 780.461.5245 Email:professionals@advancedhealthphysio.com

Personal Contact Information

Name: _____ **PHN:** _____
(Surname) (Given Name) (Middle) (Personal Health Number)

Address: _____ **City:** _____ **Province:** _____

Postal Code: _____ **Email Address:** _____

Phone: Home:(_____-_____-_____) Mobile :(_____-_____-_____) Work:(_____-_____-_____)

Date of Birth: ____/____/____ **Age:** _____ **Sex:** M / F / ____ **Pronoun:** _____
(Year) (Month) (Day)

Vimy Ridge Academy Program: _____ **Grade & Program Year:** _____

Parent/Guardian & Physician Contact Information

Parent/Guardian: _____ **Phone:** (_____-_____-_____)
(Name) (Relation)

Family Physician: _____ **Phone:** (_____-_____-_____) _____

PRIVATE INSURANCE: (Eg. Blue Cross, Sunlife, Greatwest Life)

PRIVATE/EXTENDED HEALTH COMPANY NAME: _____

Policy Holders Name: _____ **Policy Holders Date of Birth:** _____

Group/Contract/Policy Number: _____ **ID/Certificate Number:** _____

Advanced Health Physiotherapy is authorized to perform online billing with some extended health plans (eg. Blue Cross). A signed consent form to allow us to bill online will be required. Please note that not all extended health plans allow online billing at this time.

Patient and Family Information and Consent Form:

Sport and Exercise Medicine services are available to Student Athletes enrolled in Vimy Ridge Academy Sport programs. Services are being provided onsite, at the school, by Tina or John. Students can schedule appointments by self-booking as directed by their parent/guardian, coach or teacher via sign up sheet in the school office. Clinics will be held weekly at the school during the academic school year. If possible, parents/guardians are welcome to attend the visits. As for any investigations that are required, such as blood work or diagnostic imaging that will be completed outside of the school building, the parent/guardian is responsible for bringing the patient to the appropriate facility as directed by Tina or John. If a parent/guardian is not present at the onsite school visit, telephone communication with the parent/guardian can be provided upon request. Follow up appointments will be completed at the school or at Advanced Health Physiotherapy as directed by Tina or John. If physical therapy is suggested, it will be the responsibility of the parent/guardian to arrange.

Please be advised the registration information collected will be used for creating a patient file. The information is being collected under the authority of sections 20(b) and 21(1) the Health Information Act. The provisions of the Health Information Act protect your privacy and the confidentiality of your health information. The Health

Information Act provides for sharing of patient information between healthcare providers when said sharing contributes to the continuing care and treatment of the patient.

Please be advised that the clinic may contact you with regards to your child’s care. We ask that the phone number you provide us with may be used for this purpose. If you have any questions about the appointments, your child’s treatment plan, or the collection/use of their personal health information, please contact Tina or John at Advanced Health Physiotherapy.

Your signature below indicates that you have read, understand and comply with the statements above.

I consent for my child, _____, to have Sport and Exercise Medicine services
(Print Child’s First name)
provided to them at Advanced Health Physiotherapy at Vimy Ridge Academy.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____ / _____ / _____
(Year) (Month) (Day)