Haldimand Physiotherapy Centre

41 Caithness Street West, Caledonia, ON, N3W 2J2
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Website: www.haldimandphysio.ca

Welcome Letter

Welcome! Thank you for choosing Haldimand Physiotherapy Centre to help you with your healthcare needs. We strive to provide you with optimal care as well as an exceptional experience.

Intake Forms: For your convenience, intake forms are available on our website and can be downloaded, printed and filled out prior to your first visit.

Initial Visit: Please arrive 5-10 minutes early for your first treatment to complete our intake and sign consent forms. On your assessment day you can expect to be at the clinic for approximately 1 hour. Your initial visit will include a review of your medical history and current symptoms/ injury, full assessment of your area of injury as well as a treatment of the injured area. Your physiotherapist or massage therapist will also discuss your goals and expectations of treatment and together you will discuss a treatment plan.

What to wear?

Physiotherapy- Please wear comfortable clothing that allows for the treatment area to be examined. For example for lower extremity injuries please remember to bring shorts, for upper extremity t-shirt or tank top.

Massage therapy – Patients will undress in the massage room and will be covered appropriately. You and your therapist can discuss what you are most comfortable with on the day of your first visit.

Directions to the clinic:
If you are coming from Hamilton – follow Highway 6 to Argyle Street in Caledonia. At the stop lights (Caithness Street) before you cross the bridge turn right. We are located in the Arrell Place building on the left hand side of the road.
If you are coming from Hagersville- follow Argyle Street North across the bridge and turn left at the first set of lights (Caithness Street). We are located in the Arrell Place building on the left hand side of the road.

If you are coming from Cayuga- take Highway 54 from Cayuga to Caledonia. This turns into Caithness Street East. Continue on this road and cross Argyle Street (Caithness Street West). We are located in the Arrell Place building on the left hand side of the road.

Parking: We have ample parking directly behind our building. You may also choose to park on the road in front of the clinic.

Payment Methods: We offer private Physiotherapy and Massage Therapy, OHIP funded Physiotherapy (must meet eligibility criteria), Workers Compensation Physiotherapy (WSIB), Motor Vehicle Accident Physiotherapy and Massage therapy, Vetrans Affairs Physiotherapy. For private treatment, we accept Cash, Cheque, Debit, Mastercard, Visa. Payment is due on the date of treatment. Many work benefit plans (Extended Health plans) cover our services, we would be happy to help you find out about your coverage.

If you were involved in an MVA please bring the following to your first scheduled appointment:

- Accident Benefit Package (sent to you by your insurance company). We can assist you in filling this out!
- Insurance company name, Claim #, Policy #, Adjuster name and number
- Extended Health coverage (if applicable)

If you were injured at work please ensure that following:

- you have reported your injury to your workplace
- your workplace has reported the injury to WSIB
- bring your claim # with you (if you have not received a claim # please bring your SIN)

Should you have any further questions please do not hesitate contacting us at the clinic at (905) 765-5449. Thanks again for choosing Haldimand Physiotherapy Centre!

Female Symptom Monitor

Presenting Problems:

When did this start?

Occupation/hobbies:

Please fill out each section that is relevant to your problem

Gynecological History

What age did your period start?			Is your cycle regular?	☐ Yes	☐ No
How long is your cycle?			Do you suffer from PMS?	☐ Yes	☐ No
Is your bleeding heavy?	☐ Yes	☐ No	Do you have excessive discharge?	☐ Yes	☐ No
Do you have pain with your period?	☐ Yes	☐ No	If yes, when?		
Do you use tampons?	☐ Yes	☐ No	If yes, do you have pain with insertion?	☐ Yes	☐ No
Sexually active?	☐ Yes	☐ No	Pain with intercourse?	☐ Yes	☐ No
Birth control?	☐ Yes	☐ No	Type:		

# of pregnancies: ___ # of live births: ___ Weight of heaviest baby: ___ lbs ___ oz

Length pushing stage: ___ # of C-sections: ___ # of vaginal deliveries: ___

Did you have an epidural?	☐ Yes	☐ No	Did you have a vacuum assisted delivery?	☐ Yes	☐ No
Forceps? ☐ Yes ☐ No	Episiotomies?	☐ Yes ☐ No	Tears?	☐ Yes	☐ No

During my labour(s) and delivery, I felt supported and cared for:

☐ All or most of the time ☐ Some of the time ☐ A little bit ☐ Not at all

Were there times during labour and delivery that you were, or thought you were, in danger of death or injury?	☐ Yes	☐ No
Were there times when the baby was, or seemed to be, in danger during labour and delivery?	☐ Yes	☐ No
Do you suffer or have you suffered from post-partum depression?	☐ Yes	☐ No
Have you gone through menopause? ☐ Yes ☐ No If so, when?		
Do you suffer from vaginal dryness?	☐ Yes	☐ No
Hormone replacement therapy? ☐ Yes ☐ No If yes, what?		
Do you use lubrication? ☐ Yes ☐ No ☐ Sometimes Type:		
Do you have feelings of heaviness/pressure in your vagina?	☐ Yes	☐ No
Have you ever been told you have a prolapse?	☐ Yes	☐ No

Have you had any of the following medical procedures? If so, please provide approximate date.

Appendectomy:	Bartholin Cyst:
Laparoscopy:	Hemorrhoid Surgery:
TVT-TVT(O):	Cystoscopy:
Mesh Procedure:	Gallbladder Removal:
Bowel Resection:	Prolapse/Vaginal Repair:
Colonoscopy:	Colostomy:
Hysterectomy:	Other:

Bladder Symptoms

Did you have problems with your bladder during childhood?	☐ Yes	☐ No	☐ Sometimes
Do you have leakage associated with sneezing, coughing, running and/or laughing?	☐ Yes	☐ No	☐ Sometimes
Do you have leakage during intercourse?	☐ Yes	☐ No	☐ Sometimes
Do you feel really strong sensations prior to voiding but don't leak?	☐ Yes	☐ No	☐ Sometimes
Does your leakage occur after having a strong urge that feels uncontrollable?	☐ Yes	☐ No	☐ Sometimes
Do you have pain when your bladder fills?	☐ Yes	☐ No	☐ Sometimes
Does your pain improve when you void?	☐ Yes	☐ No	☐ Sometimes
Do you have pain when you void?	☐ Yes	☐ No	☐ Sometimes
Do you have to strain in order to empty your bladder?	☐ Yes	☐ No	☐ Sometimes
Do you have difficulty starting your urine stream?	☐ Yes	☐ No	☐ Sometimes
Do you have dribbling after you get up from the toilet?	☐ Yes	☐ No	☐ Sometimes
Do you sit on the toilet?	☐ Yes	☐ No	☐ Sometimes
Do you have incomplete emptying when you void and feel like you have go again soon?	☐ Yes	☐ No	☐ Sometimes
Do your bladder problems cause you to leak at night?	☐ Yes	☐ No	☐ Sometimes
Does your incontinence fluctuate with your cycle?	☐ Yes	☐ No	☐ Sometimes
Does your incontinence require you to wear pads? If you answered yes or sometimes, how often?	☐ Yes	☐ No	☐ Sometimes
Do you void during the day more often than the average person (5-7x/day) If you answer yes or sometimes, how often?	☐ Yes	☐ No	☐ Sometimes
Do you need to get up at night to void? If you answered yes or sometimes, how many times?	☐ Yes	☐ No	☐ Sometimes

Fluid Intake In 24 hours

# of cups of water: ___ # of cups of coffee: ___ # of cups of tea: ___

# of cups of other fluids: ___ # of alcoholic drinks: ___

Digestion & Bowl Function

What is the frequency of your bowel movements?

Do you regularly feel the urge to move your bowels?	☐ Always	☐ Seldom	☐ Never
Do you have constipation?	☐ Always	☐ Seldom	☐ Never
Do you strain to have a bowel movement?	☐ Always	☐ Seldom	☐ Never
Do you have loose stools/diarrhea?	☐ Always	☐ Seldom	☐ Never
Do you have bowel urgency that is difficult to control?	☐ Always	☐ Seldom	☐ Never
Do you lose control of your bowels?	☐ Always	☐ Seldom	☐ Never
Do you have incomplete emptying?	☐ Always	☐ Seldom	☐ Never
Do you have pain with a bowel movement?	☐ Always	☐ Seldom	☐ Never
Do you have pain after a bowel movement?	☐ Always	☐ Seldom	☐ Never
Does it take longer than 5 minutes to have a bowel movement?	☐ Always	☐ Seldom	☐ Never
Do you have bloating (increased pressure in abdomen)?	☐ Always	☐ Seldom	☐ Never
Do you experience a physical change in abdominal girth when your bowels are full (distension)?	☐ Always	☐ Seldom	☐ Never

In your opinion, is your fibre intake ☐ Too low ☐ Adequate ☐ Too high

Do you regularly use ☐ Laxatives ☐ Stool softeners ☐ Natural products ☐ Enemas

Have you ever been diagnosed with/think you have:

Irritable bowel syndrome	When?	_____	Who?	_____
Ulcerative colitis	When?	_____	Who?	_____
Crohn's Disease	When?	_____	Who?	_____
Celiac Disease	When?	_____	Who?	_____

Do you have any food allergies or sensitivities?

_____

_____

_____

Medical History

Urinary tract infections?	☐ Yes	☐ No	How often?		
Antibiotics recently?	☐ Yes	☐ No	Last UTI?		
Probiotics?	☐ Yes	☐ No			
Cranberry supplementation?	☐ Yes	☐ No			
Smoking?	☐ Yes	☐ No	# packs/day		
Chronic cough?	☐ Yes	☐ No			
Do you get blood in your urine?	☐ Yes	☐ No			
Allergies (including latex)					
Do you exercise?	☐ Yes	☐ No			
Type of exercise:			Frequency:		
Low back problems?	☐ Yes	☐ No	Chronic?	☐ Yes	☐ No
Mid back problems?	☐ Yes	☐ No	Chronic?	☐ Yes	☐ No
Neck problems?	☐ Yes	☐ No	Chronic?	☐ Yes	☐ No
Have you ever been treated for depression?	☐ Yes	☐ No	What treatment?		
Is/was treatment effective?	☐ Yes	☐ No			
Have you ever been treated for anxiety?	☐ Yes	☐ No	What treatment?		
Is/was treatment effective?	☐ Yes	☐ No			
Have you ever been diagnosed with a mental health condition?	☐ Yes	☐ No	If yes, what?		

On a scale from 1-10, please circle and rate how much this problem bothers you

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, please circle and rate how motivated you are to correct this problem

1 2 3 4 5 6 7 8 9 10