



# Haldimand Physiotherapy Centre

41 Caithness Street West, Caledonia, ON, N3W 2J2

Phone: (905)765-5449 email: ifeelgood@haldimandphysio.ca

Website: [www.haldimandphysio.ca](http://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!



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**Patient Intake Form**

**A** Intake Date: \_\_\_\_\_

Mr/Mrs/Miss/Ms (last): \_\_\_\_\_ (first): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

\*by providing your email you are consenting to receive appointment reminders/ newsletter. Your email address will never be shared and you can unsubscribe at any time.

Birth Date (D/M/Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Family Doctor: \_\_\_\_\_

**How did you find us?**

- I am a past patient  Family doctor specifically referred me to this clinic
- Friend/family member recommended this clinic. Who? \_\_\_\_\_
- Clinic Sign  Internet Search  Website ([www.haldimandphysio.ca](http://www.haldimandphysio.ca))
- Bell yellow pages OR Goldbook  Mail out  Newspaper  Facebook
- Other \_\_\_\_\_

**B Motor Vehicle Accident (MVA) Claims:**

Name of Insurance Co: \_\_\_\_\_

Address of Insurer: \_\_\_\_\_

MVA Claim No: \_\_\_\_\_ Policy No: \_\_\_\_\_

Adjustor Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Extended Health Benefits? Yes  No

I am covered by more than one extended health plan? Yes  No

If you or your spouse have extended benefits through a health plan (at work), the Auto Insurance legislates that you **MUST** use these benefits first. Any additional uncovered costs will usually be covered by the Auto Insurer.

Extended Health Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Holders Date of Birth: \_\_\_\_\_

Policy No: \_\_\_\_\_ ID # \_\_\_\_\_

Max/ Year PT coverage: \_\_\_\_\_ Max/ visit PT coverage: \_\_\_\_\_

**C WSIB Claims:** WSIB Claim#: \_\_\_\_\_ SIN (if no claim #) : \_\_\_\_\_

Date of Injury/ Re Injury: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor Contact Name and #: \_\_\_\_\_

**Private (those with or without Extended Health Benefits)**

- Treatment costs are: **\$80.00** for Initial Assessment and Treatment  
**\$60.00** for each subsequent Treatment  
(\*These rates fall within the guidelines of the College of Physiotherapist billing rates and are based on one area of injury.)

**PAYMENT OF THESE TREATMENTS ARE THE RESPONSIBILITY OF THE PATIENT**

- Payment to be made after each visit. We accept cash, cheque, debit, MasterCard and Visa  
Each health plan is different in the services they cover. Finding out what your extended health covers is **your** responsibility

**MVA (Automobile Accident)**

- Your assessment will be covered by your automobile insurance company. Treatment costs are covered through auto insurance **approved** claims. **Your treatments will not begin until your claim is approved through your auto insurance.**

**WSIB (Work related injury)**

- Your assessment will be covered through WSIB. Treatment costs are covered through WSIB **approved** claims. **Your treatments will not begin until your claim is approved through WSIB.**

**Please Read and Sign for your Understanding: (please sign)**

- I understand that appointments that are missed or cancelled without 24 hours notice will be charged **\$25.00** and **will not be covered by my health plan/WSIB/ Auto Insurance.** \_\_\_\_\_
- I understand that if I am late for an appointment that I may lose this time with the therapist during my scheduled visit \_\_\_\_\_
- I understand that my assessment and treatment times / fees are allocated based on one area of injury. If I have multiple areas of injury, they may require further assessment and treatment time / costs.  
\_\_\_\_\_ (If so, please discuss with your therapist).

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**Consent for Care and Collection/Use/Disclosure of Personal Information**

I agree to a physiotherapy assessment and treatment by a Registered Physiotherapist and their support staff. I understand that on completion of their assessment, the physiotherapist will discuss the specific treatment plan recommended for me. Any complications or side effects will be discussed with me by my Physiotherapist.

I understand that to provide me with physiotherapy and massage therapy goods and services, Haldimand Physiotherapy Centre will collect some personal information about me (e.g. phone number, home address).

I understand that Haldimand Physiotherapy Centre may obtain or release any relevant information pertaining to my health and rehabilitation.

**Information may be obtained from OR released to: (please initial)**

\_\_\_\_\_**Physician/Lab** \_\_\_\_\_**Insurance Company** \_\_\_\_\_**WSIB** \_\_\_\_\_**Employer** \_\_\_\_\_**Other** \_\_\_\_\_

**I have reviewed the Haldimand Physiotherapy Centre's Privacy Policy** about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments. I agree to Haldimand Physiotherapy Centre collecting, using and disclosing personal information about me as set out above and in the Haldimand Physiotherapy Centre's Privacy Policy.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Parent Name and Signature if Patient under 16 years*