

Thank you for choosing to connect with us! One way to make the most of your first appointment is for you to write down some background information in advance of coming in. Please fill out the following form as completely and legibly as possible. This information will be kept confidential after you bring it to your first appointment. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Name: _____
(First) (Last)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Alternate/Cell Phone: _____

Is it OK to leave you a message? Yes / No

Email Address: _____ Is it OK to email you? Yes / No

Date of Birth: _____ / _____ / _____ Date of Injury (if applicable) _____ / _____ / _____
day month year day month year

Education: (grade completed, any postsecondary): _____

What is your current work status? (please check) Employed Retired WCB Claim
 Short-term Disability Long-term Disability

Other _____

Date of Disability (if applicable) _____ / _____ / _____
day month year

Current Occupation (if applicable): _____

Person to alert in the event of a medical emergency: _____

Relationship to you: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

In your own words, what is the nature of the concern that you would like to address? Feel free to describe this in as much or as little detail as you wish.

Are you currently receiving psychiatric or psychological services? Yes / No
If yes, please describe what you are being treated for:

Have you ever received psychiatric or psychological services? Yes / No
If yes, please describe what you were treated for and when this occurred:

Are you currently receiving any other treatment or therapies? Yes / No
(e.g., physiotherapy, chiropractic care, massage therapy, etc.)

Please describe any significant current or past medical problems or health conditions:

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each:

Other Questions/Comments

Please indicate the name of your preferred clinician (if applicable) _____

Thank you for your interest in working with the *Balance* team!

We look forward to meeting you.

Please don't hesitate to contact us if you have any questions or need to re-schedule your first appointment.