



fifth ave physiotherapy

Registration Form

Name (please print) _____
last first

Address _____

City _____ Province _____ Postal Code _____

Birth date / / Phone &
m d y daytime evening

Email _____

Name of Employer _____

Alberta Health Care No. _____

(If you have a referral from a Doctor, please present it to the reception along with this form)

Have you seen a doctor for your present complaint? Yes No

Do we have your permission to forward correspondence to your doctors? Yes No

Referring Doctor _____ Family Doctor _____

How did you come to choose our clinic?

- Doctor recommend Walk by Website Yellow Pages
- Friend recommend - would you be willing to provide your friends name? _____
- Others _____

- The cost of your treatment is payable on the day of your treatment
- If you have extended medical benefits, you will need to submit your receipts to your insurance company to be reimbursed for your physiotherapy costs, as **we do not direct bill benefit companies**

No shows and late cancellations (less than 24 hours) will be charged the full treatment fee

Signature

Date