

Have you had recent investigations for this problem? No X-rays Ultrasound CT Scan MRI
(Please circle as relevant)

Where were these taken? _____

Describe your main problem(s) in your own words.

On approximately what date did you first notice your problem?

What do you want to achieve as a result of treatment?

If problem is result of injury, please describe:

Please list any medications (including over the counter medications) that you are currently using.

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—

—

Please tell us why you chose our clinic:

Past patient My doctor recommended you Yellow pages
 Word of mouth recommendation Online research Other _____

Signature

Date



CONSENT FOR PHYSIOTHERAPY EXAMINATION AND TREATMENT

This form is to certify that I consent for myself/my child under 18* to undergo physical examination, in order to help my physiotherapist determine the likely cause of the difficulties for which I/we* sought out physiotherapy services.

I also consent to participate/for my child to participate* in treatment recommended by my physiotherapist based upon his/her assessment. However, my physiotherapist shall explain to me all the risks associated with any particular treatment modality/approach, both before commencing treatment and whenever a change of treatment is undertaken. I understand that they will seek my further consent to proceed before making such changes and that by signing this consent form I do not forego my right and expectation to have any such risks associated with treatment explained to me. Nor, by signing this consent, do I give up my right to withdraw my consent for any aspect of treatment should I change my mind.

Print Name (Patient or name of Parent/Legal Guardian*) _____

Signature _____

Date _____

Print Name of Witness _____

Witness Signature _____

* Delete as appropriate



PUNCTUALITY AND APPOINTMENT CANCELLATION POLICIES

Below is an outline of the Punctuality/Appointment Cancellation Policies of the Regina Sports & Physiotherapy Clinic.

1. We request 24 hours notice of cancellation of any appointments that you are unable to attend wherever possible.
2. We reserve the right to charge a \$10.00 No Show fee for patients who do not provide adequate notice.
3. Should you miss three consecutive appointments, all further appointments will be automatically cancelled and reassigned to other patients.
4. WCB and SGI patients should be aware that we are required to report non-attendance to their respective insurers.
5. We recognize that your time is important and undertake to do everything in our power to treat you at your scheduled appointment time. In order to do that for all patients, however, this means that we may not be able to see you, or allow the full appointment time, if you arrive late for your appointment.

I acknowledge that I have read and understand the Punctuality and Cancellation Policy of the Regina Sports & Physiotherapy Clinic.

Signature

Name

Date: _____



Information Privacy Policy

Consistent with the requirements of our profession and those of The Health Information Protection Act of Saskatchewan and the Personal Information Protection and Electronic Documents Act of Canada, we acknowledge our duty and responsibility to hold in confidence your personal information gathered in the course of our professional relationship.

To ensure our accountability, we have developed this policy and trained our Staff about the policy and its implementation.

We collect and share your personal information with and from your other health care providers, insurance carriers, your employer and government agencies, where required by law to:

Provide you with Physiotherapy Services.

Obtain payment of your account.

To provide information and follow up respecting your physiotherapy services.

For quality control purposes.

We do not disclose your personal information to any third party to enable them to market their products.

Your Health Chart and information will be retained in a secure manner.

I, _____ acknowledge reviewing the privacy policy of
print name

the Regina Sports & Physiotherapy Clinic and I understand my rights of privacy with respect to my personal information.

Date: _____

Signature: _____

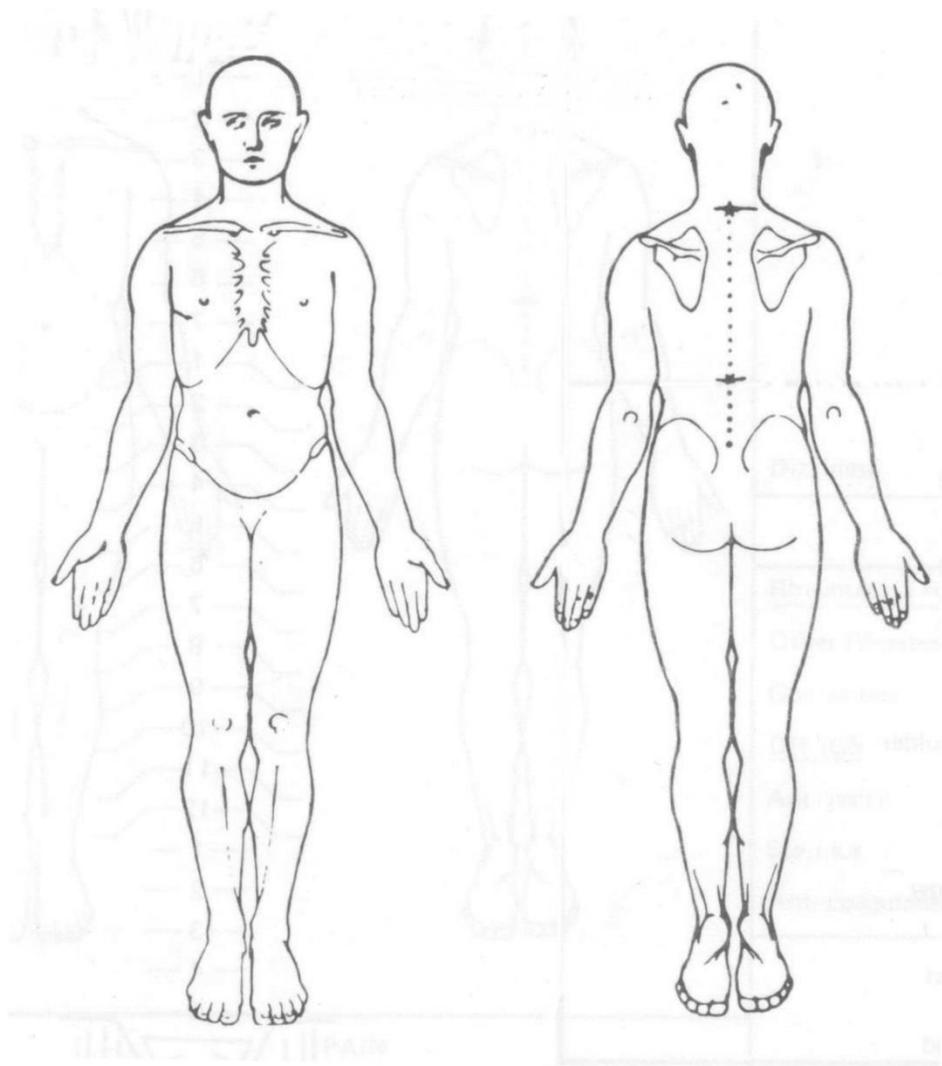
NAME _____ DATE: _____

INSTRUCTIONS

Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition.

KEY

/// Stabbing	XXX Burning	000 Pins and Needles	=== Numbness
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Tampa Scale-11 (TSK-11)

Name:

Date:

This is a list of phrases which other patients have used to express how they view their condition. Please circle the number that best describes how you feel about each statement.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1. I'm afraid I might injure myself if I exercise.	1	2	3	4
2. If I were to try to overcome it, my pain would increase.	1	2	3	4
3. My body is telling me I have something dangerously wrong-	1	2	3	4
4. People aren't taking my medical condition serious enough.	1	2	3	4
5. My accident/problem has put my body at risk for the rest of my life-	1	2	3	4
6. Pain always means I have injured my body.	1	2	3	4
7. Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening.	1	2	3	4
8. I wouldn't have this much pain if there wasn't something potentially dangerous going on in my body.	1	2	3	4
9. Pain lets me know when to stop exercising so that I don't injure myself.	1	2	3	4
10. I can't do all the things normal people do because it's too easy for me to get injured.	1	2	3	4
11. No one should have to exercise when he/she is in pain.	1	2	3	4

NAME: _____ DATE: _____

Neck Pain and Disability Index (Vernon Mior)

Please read instructions:

This questionnaire has been designed to give the health care provider information as to how your neck pain has affected your ability to manage in every day life. Please answer every section and mark in each section only ONE box which applies to you. We realize you may consider that two of the statements in any one section relate to you, but just mark the box which most closely describes your problems.

Section 1 – Pain Intensity

- I have no pain at the moment
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

Section 2 - Personal Care (washing, dressing, etc)

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed. I wash with difficulty and stay in bed.

Section 3 – Lifting

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example on a table.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

Section 4 – Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want to with moderate pain in my neck.
- I can't read as much as I want to because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

Section 5 – Headaches

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches almost all the time.

Section 6 – Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty concentrating when I want to.
- I cannot concentrate at all.

Section 7 – Work

- I can do as much work as I want to.
- I can only do my usual work but no more.
- I can do most of my usual work but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

Section 8 – Driving

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight pain in my neck.
- I can drive my car as long as I want with moderate pain in my neck.
- I can't drive my car as long as I want because of moderate pain in my neck.
- I can hardly drive at all because of severe pain in my neck.
- I can't drive my car at all.

Section 9 – Sleeping

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hour sleepless).
- My sleep is mildly disturbed (1-2 hours sleepless).
- My sleep is moderately disturbed (2-3 hours sleepless).
- My sleep is greatly disturbed (3-5 hours sleepless).
- My sleep is completely disturbed (5-7 hours sleepless).

Section 10 – Recreation

- I am able to engage in all my recreation activities with no neck pain at all.
- I am able to engage in all my recreation activities with some pain in my neck.
- I am able to engage in most but not all of my usual recreation activities because of pain in my neck.
- I am able to engage in a few of my usual recreation activities because of pain in my neck.
- I can hardly do any recreation activities because of pain in my neck.
- I can't do any recreation activities at all.

Pain Scale:

Rate the severity of your pain by checking one box of the following scale

No Pain	0	1	2	3	4	5	6	7	8	9	10	Excruciating Pain
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MDC 5 (90% CL) MCID 7