

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Pref. Gender: M F O  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_  
Work Phone #: (\_\_\_\_) \_\_\_\_\_ Health Card No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_ I wish to receive appointment reminders via:  Email  Text  Both  
I do NOT wish to receive emails from Mackie Physio   
Date of Injury: \_\_\_\_\_ Area(s) of injury or related pain: \_\_\_\_\_  
Previous Physiotherapy Treatment: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Surgeon: \_\_\_\_\_

**Fee For Service/Group Insurance Plan**

This clinic is a fee-for-service clinic. I, the patient, will pay Mackie Physiotherapy for my treatment directly, and, if applicable, will submit the receipt to my group insurance plan for coverage of the treatment expense unless previously done so electronically by the clinic. Please indicate your understanding of this, and of the cancellation/missed appointment policy, by signing below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Third Party Billing**

This clinic will bill WCB, SGI, DND, DVA, and RCMP claims directly as long as it is PRE-APPROVED by the insuring party. I, the patient, understand that I am responsible if these agencies do not accept responsibility for payment. My signature below allows Mackie Physiotherapy to release assessment and treatment information to the insuring party when requested or when the Physiotherapist deems it necessary. Please indicate your understanding of this, and of the cancellation/missed appointment policy, by signing below.

Signature: \_\_\_\_\_ Claim/Military Number: \_\_\_\_\_  
Injury Representative: \_\_\_\_\_

**WCB Patients Only:**

Employer: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact Person Phone #: \_\_\_\_\_ Contact Person Fax #: \_\_\_\_\_

**Cancellation/Missed Appointments**

Our waiting list is growing significantly, and the cancellations and missed appointments of present patients are affecting their own rehab progress, as well as affecting the many other new patients waiting to attend the clinic. As a result, Mackie Physiotherapy reserves the right to charge a fee for missed appointments, or for appointments that are cancelled with less than 24 hours notice. These fees are to be paid by the patient, not by an insuring party. The fees are as follows:

- Cancellation fee for cancellations occurring with less than 24 hours notice - \$20
- **Missed appointment fee – will be the full cost of the appointment**

Please be respectful of the clinicians, the clinic, and your rehab process and make every effort to attend your scheduled appointments. Please also be aware that, as the clinic is very busy, it is difficult to reschedule appointments.

Signature of Understanding: \_\_\_\_\_