



**Fall River:**  
 890 Fall River Rd  
 Fall River NS, B2T 1G5  
 (P): 902-861-3900  
 (F): 902-407-7208  
 www.kinetesis.ca  
 fallriver@kinetesis.ca

**Bedford:**  
 1600 Bedford Hwy, Suite 102  
 Bedford NS, B4A 1E8  
 (P): 902-407-7207  
 (F): 902-407-7208  
 www.kinetesis.ca  
 bedford@kinetesis.ca

**Personal Information**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_ **Health Card #:** \_\_\_\_\_

**Phone Number: Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Extension #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 Unit#                      House#/Street Name                      City                      Province                      Postal Code

**Email Address:** \_\_\_\_\_

**Please check this box** to consent to receiving email appointment reminders & infrequent clinic newsletters.

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Family Doctor Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Please check this box** if you would like us to send progress reports to your family doctor.

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Is Your Visit Today:**     Motor Vehicle Related     Workplace Injury Related     N/A

**How Did You Hear About Our Clinic?**

- Google                       Event: \_\_\_\_\_
- Facebook                       Doctor/Surgeon: \_\_\_\_\_
- Yelp                               Family/Friend Referral – Who Can We Thank? \_\_\_\_\_
- Sign/Walk In                       Atlantic Hockey Group – Team Name: \_\_\_\_\_
- O2 Wellness                       Other: \_\_\_\_\_

**REFER A FRIEND!**  
 Once your friend comes in for their first appointment, both names will be entered into a monthly draw to each win a **FREE 1 Hour Massage!** See the front desk for details.

## **Cancellation Policy**

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We require a **minimum of 4 hours notice** to cancel or change an appointment prior to your scheduled appointment time. Failure to give adequate notice may result in a \$25 late cancellation fee or \$50 no-show missed appointment fee. Please note these fees will not be covered by third party insurance.

**Initials:** \_\_\_\_\_

## **Insurance Claims**

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We can directly bill most Blue Cross and Green Shield plans as well as other third party insurance companies through the Telus Health network. The policy must allow for electronic billing and assignment of payment back to the clinic. We are unable to directly bill Podiatry appointments or products. Any amount not covered by insurance is to be paid for by the patient. Patients are responsible for knowing their own insurance limits and referral requirements.

**Initials:** \_\_\_\_\_

## **Payment**

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I understand and agree that payments for services rendered are my responsibility. I understand that my co-payment, co-insurance and deductibles are due and payable at the time of the service. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, any fees for services rendered to me will be immediately due and payable. I have read and agree to the cancellation policy and understand that I am responsible for any fees incurred due cancelling an appointment with inadequate notice or completely missing a scheduled appointment.

\_\_\_\_\_  
**Signature of Patient**

(If under 18, legal guardian must sign)

\_\_\_\_\_  
**Date**

## **Fee Schedule**

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### **Chiropractic Services:**

Initial Consultation - \$100.00

Re-Examination - \$80.00

Follow Up Visit - \$60.00

### **Physiotherapy:**

Initial Consultation - \$95.00

Follow Up Visit - \$70.00

### **Acupuncture:**

Initial Consultation - \$100.00

Follow Up Visit - \$90.00

Cupping Treatment Only - \$50.00

### **Massage Therapy:**

First Visit Intro Special - 60 minutes - \$65.00<sup>+tax</sup>

30 minutes - \$55.00<sup>+tax</sup>

45 minutes - \$75.00<sup>+tax</sup>

60 minutes - \$85.00<sup>+tax</sup>

90 minutes - \$115.00<sup>+tax</sup>

\*Cupping massages are an additional \$5.00 per visit

### **Podiatry:**

Initial Consultation - \$75.00

Custom Orthotics - \$350.00

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_

**Condition**

What is your major complaint(s) today? \_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

What types of treatment have you had for this condition? \_\_\_\_\_

Are you involved in any sports or physical activity? Yes / No → If yes, what? \_\_\_\_\_

Current medications: \_\_\_\_\_

Past surgeries: \_\_\_\_\_

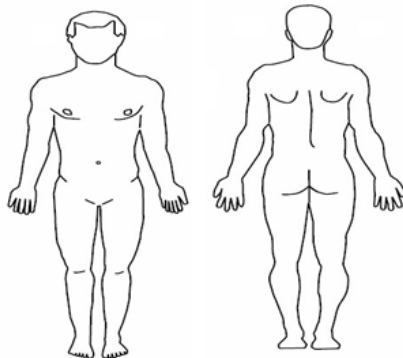
- Mark the area of your body where you feel the following sensation(s), using the associated symbols.

- Please circle the pain level that most accurately represents your pain.

x = Pain/discomfort

0 = No pain → 10 = Unbearable pain

o = Numbness/tingling



Average Pain 0 1 2 3 4 5 6 7 8 9 10

At Worst 0 1 2 3 4 5 6 7 8 9 10

**Health History - Please check if you have had any of the following:**

**Neuromusculoskeletal**

- Convulsions
- Headaches
- Backache
- Stiff neck
- Pain between shoulders
- Spinal curvature
- Swollen joints
- Weakness
- Twitching
- Numbness
- Tremors

**Skin or Allergies**

- Allergies
- Bruise Easily
- Sensitive Skin
- Eczema
- Shingles

**Cardiovascular**

- Heart disease
- High blood pressure
- Low blood pressure
- Stroke
- Varicose Veins
- Irregular heart beat

**Gastrointestinal**

- Poor digestion
- Nausea/Vomiting
- Bloating/Gas
- Irritable bowel
- Hemorrhoids

**Ear/Nose/Throat**

- Earaches
- Frequent colds
- Sinusitis

**Respiratory**

- Chest Pain
- Chronic cough
- Difficulty breathing
- Wheezing

**Genitourinary**

- Bed wetting
- Frequent urination
- Painful urination
- Prostate trouble
- Inability to control urine

**Women Only**

- Pregnant
- Cramping /backache
- Miscarriage
- Irregular Cycle
- Hot flashes/menopausal

**Other**

- Diabetes
- Cancer
- Depression/Anxiety
- Alcoholism
- HIV positive
- Hypothyroid
- Hyperthyroid
- Cannabis Use

Do you smoke? Yes / No  
If yes, packs/day \_\_\_\_\_

Other not listed:  
\_\_\_\_\_  
\_\_\_\_\_

**Payment**

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Direct billing is **NOT** available for Podiatry services. The cost of the assessment and the purchase of custom orthotics must be paid for at the time of the appointment. The only exception to this is for patients that have Blue Cross insurance. Blue Cross is the only company that will allow for direct billing of Podiatry appointments. Products are not included in this exception. Custom orthotics will only be ordered once they are paid for in full.

**Initials:** \_\_\_\_\_

**Signature**

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I certify that all information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Patient**  
(If under 18, legal guardian must sign)

\_\_\_\_\_  
**Date**