**Rupert Health Centre Inc.**

**2955 Kingsway, Vancouver, V5R 5J4**

**Tel: 604-435-2285 Fax: 604-677-5028 Email: ruperthealth@gmail.com**

Chiropractic, Exercise Rehab, Kinesiology, Custom Orthotics, Massage Therapy

Confidential Patient Information

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| Date:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Patient’s Name: |  | Phone #: |  | | | Age: |  | Date of Birth: | |  |   Sex: Male  Female  Other   |  |  |  |  | | --- | --- | --- | --- | | Email Address: |  | Occupation: |  |  |  |  | | --- | --- | | Address: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | City: |  | Province: |  | Postal Code: |  |   **Insurance Information:**  MSP ICBC  WCB  CASH  3rd Party   |  |  |  |  |  | | --- | --- | --- | --- | --- | | PHN/Care Card Number: |  | Extended Health Number: |  | | | Adjuster’s Name: |  | Adjuster’s Number: | |  |  |  |  |  |  | | --- | --- | --- | --- | | Referred By: |  | Family Physician: |  | | |
| **Please describe the location(s) of chief complaint:**   |  | | --- | |  |  |  | | --- | |  |   Have you received treatment for these conditions?  Yes  No  Family History:  Cancer  Diabetes High Blood Pressure  Surgery  Pregnant | |
| Other Health Conditions/ Injuries/ Concerns / Meds: |  |