**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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:**

|  |
| --- |
|  |

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|  |

Have you received treatment for these conditions? [ ]  Yes [ ]  NoFamily History: [ ]  Cancer [ ]  Diabetes [ ] High Blood Pressure [ ]  Surgery  [ ]  Pregnant  |
| Other Health Conditions/ Injuries/ Concerns / Meds: |  |