

Rupert Health Centre Inc.
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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:

Have you received treatment for these conditions? ☐ Yes ☐ No

Family History: ☐ Cancer ☐ Diabetes ☐ High Blood Pressure ☐ Surgery _____
☐ Pregnant

Other Health Conditions/ Injuries/ Concerns / Meds: _____