SPEED RIVER
PHYSIOTHERAPY

715 Wellington Street W. Unit D1
Guelph, ON N1H 8L8
Tel: 519-836-4800
Fax: 519-836-6744

Client Information and Consent to Payment

Date: _______________ Title: Mr. Mrs. Ms. Miss

Last Name: ______________________ First: ________________________

Family Dr. _______________________ Referred by: __________________

Birth date: m/d/y ______/______/______

Street Address: ____________________________________

City: _______________________ Postal Code: ________________

Home phone #: _______________________

Work phone #: _______________________

Cell phone #: ________________________

E-mail (if you would like to receive appt reminders): ___________________________

Do you have any extended health insurance benefits?

Yes ______ No ______

If yes, do you know who your insurance provider is?

____

What is the dollar amount or number of treatments you are allowed under your plan?

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This information will help you track your treatments so you are aware of when your coverage has been exhausted

****PLEASE NOTE: We do not mail out monthly invoices****

I understand that I am responsible for payment for services at Speed River Physiotherapy.

Signature ____

(Parent/Guardian if under age 16)