

**CONFIDENTIAL  
PATIENT INFORMATION**  
(protected by law when complete)

**quinnrehab**  
Trusted Health Professionals Since 1994

505 - 34 Cedar Pointe Drive

Barrie, ON L4N 5R7

phone: 705-726-2362 fax: 705-726-1589

**Date:** \_\_\_\_\_  
yyyy mm dd

\_\_\_\_\_  
Name, if different than Legal Name (Optional)

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Legal Last Name

\_\_\_\_\_  
Street Name / P.O. Box

\_\_\_\_\_  
Apartment / Unit #

\_\_\_\_\_  
City Province

\_\_\_\_\_  
Postal Code

**GENDER:** \_\_\_\_\_  
(Optional)

**PRONOUNS:** \_\_\_\_\_  
(Optional)

**BIRTHDATE:** \_\_\_\_\_  
Year / Month / Day

**EMAIL:** \_\_\_\_\_  
( will be used only with consent)

**TELEPHONE :** Home \_\_\_\_\_  
Business \_\_\_\_\_  
Cell \_\_\_\_\_

**EXTENSION #** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**HOBBIES:** \_\_\_\_\_

**MOTOR VEHICLE ACCIDENT?**  YES  NO

**DATE OF ACCIDENT?** \_\_\_\_\_  
YY / MM / DD

**WORK RELATED INJURY?**  YES  NO

**DATE OF INJURY?** \_\_\_\_\_  
YY / MM / DD

**OTHER:** \_\_\_\_\_ (PLEASE SPECIFY)

**MEDICAL HISTORY**

**Treatment area?** \_\_\_\_\_

**When did your problem begin ?** \_\_\_\_\_

**Other Problems / Complaints** \_\_\_\_\_

**What activities are affected by your pain/problem/injury?** \_\_\_\_\_

**HAVE X-RAYS, SCANS OR MRI'S BEEN TAKEN?**  YES  NO **Where?** \_\_\_\_\_

**Emergency Contact (optional)** \_\_\_\_\_

(Phone number)

**INDICATE OTHER CONDITIONS:**

Pregnancy   
Heart Disease / Pace Maker   
Blood Pressure Problems   
Diabetes   
Shortness of Breath / Asthma   
Arthritis

Cancer   
Surgeries / Pins & Plates   
Dental / Jaw Problems   
Headaches / Dizziness   
Loss of Balance   
Neck / Back / Shoulder Pain

Allergies   
Depression   
Thyroid   
Other:   
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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## RELEASE OF INFORMATION CONSENT FORM

I, \_\_\_\_\_ authorize QuinnRehab  
Print Patient / Guardian Name

to furnish or obtain all information from \_\_\_\_\_ (please list family doctor/surgeon/specialist)

including any documents and reports in regards to the condition and treatment of:

\_\_\_\_\_

Print Patient Name

\_\_\_\_\_

Date of Birth:

yyyy / mm / dd

\_\_\_\_\_

Patient / Guardian Signature

\_\_\_\_\_

Date: yy yy / mm / dd

\_\_\_\_\_

Patient / Guardian Name (please print)

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date: yy yy / mm / dd

\_\_\_\_\_

Witness Name (please print)

### Returning for treatment - signature update

By signing below, you indicate your continued agreement within the terms of this document.

Update #1: \_\_\_\_\_

Patient / Guardian Signature

\_\_\_\_\_

Date: yy /mm / dd

\_\_\_\_\_

Witness Signature

Update#2: \_\_\_\_\_

Patient / Guardian Signature

\_\_\_\_\_

Date: yy /mm / dd

\_\_\_\_\_

Witness Signature



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**Guiding Principles, Privacy & Cancellation Policy**

**Quinn Rehab (QR)** endorses and strives for an inclusive environment, one that demonstrates respect, equity, and support for all individuals, regardless of race, ethnicity, gender identity, age, faith, ability, or sexual orientation. QR implements a top to bottom approach to achieve a welcoming environment for all, validated through words and actions.

On January 1, 2004, the Personal Information Protection and Electronic Documents Act (The Act) came into effect with a mandate to balance the privacy rights of the individual and the needs of commercial organizations to collect information for business purposes.

**QR** remains committed to you, to your health, and respects your right to confidentiality. The privacy policy of **QR** is founded on the following principles:

**ACCOUNTABILITY:** The staff of **QR** are responsible for maintaining and protecting all information collected by the clinic. Patty Staring, Privacy Officer for **QR** would be pleased to speak with you if you require any clarification.

**LIMITED AND ACCURATE COLLECTION OF INFORMATION:** **QR** limits the collection of personal information to that which is necessary for the provision of excellence in health care. This information is accurately maintained in its most current form to fulfill the purposes for which it was collected.

**CONSENT:** A decision to receive care at **QR** implies consent for the sharing of information internally, for purposes related to your health care only. Written consent is required from you to share your health care information externally. You may withdraw this consent in writing at any time.

**TELE-REHABILITATION:** If you and your therapist have determined that care delivered via an online platform is appropriate, the platform will be secure and encrypted to protect your privacy. In addition, there is a mutual understanding that online care has limitations associated with an inability to perform hands-on assessments, examinations, and treatments. In the case of failure of video transmission, please call the clinic at 705-726-2362.

**DISCLOSURE AND RETENTION:** Patient information is kept in a secure manner for a period of ten years. This information will only be utilized for the purposes for which it was collected or if required by law.

**INFORMATION STORAGE:** Appropriate security measures are utilized to secure the privacy of all information collected in the delivery of your health care services.

**PATIENT ACCESS:** You are entitled to view the information collected by **QR** regarding yourself. You may obtain a copy of your records. There is a fee for this service.

**I hereby consent to the collection, use, maintenance, and disclosure of my personal information as indicated above, unless and until I withdraw consent in writing.**

**CANCELLATION POLICY**

**Please be aware that 24 hours' notice is required for an appointment cancellation, or you will be charged the full fee. NOTE: INSURANCE COMPANIES DO NOT PAY FOR AN UNCANCELLED APPOINTMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

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**Quinn Rehab** is a private rehabilitation clinic. All therapists are licensed to practice their respective professions in Ontario. For more information about our therapists, please go to our website ([www.quinnrehab.com](http://www.quinnrehab.com)).

<b><u>Physiotherapy</u></b>	<b><u>Assessment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$140.00</u></b>
	<b><u>Assessment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$83.00</u></b>
	<b><u>Treatment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$140.00</u></b>
	<b><u>Treatment</u></b>	<b><u>45 Minutes</u></b>	<b><u>\$115.00</u></b>
	<b><u>Treatment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$83.00</u></b>
	<b><u>Treatment</u></b>	<b><u>15 Minutes</u></b>	<b><u>\$50.00</u></b>
<b><u>Osteopathy</u></b>	<b><u>Assessment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$135.40 + HST</u></b>
	<b><u>Assessment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$75.22 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$135.40 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>45 Minutes</u></b>	<b><u>\$109.74 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$75.22 + HST</u></b>
<b><u>Athletic Therapy</u></b>	<b><u>Assessment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$135.40 + HST</u></b>
	<b><u>Assessment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$75.22 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$135.40 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>45 Minutes</u></b>	<b><u>\$109.74 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$75.22 + HST</u></b>
<b><u>Massage Therapy</u></b>	<b><u>Assessment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$100.00 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>60 Minutes</u></b>	<b><u>\$100.00 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>45 Minutes</u></b>	<b><u>\$80.00 + HST</u></b>
	<b><u>Treatment</u></b>	<b><u>30 Minutes</u></b>	<b><u>\$60.00 + HST</u></b>

**Completion of forms:** Insurance, WSIB, Accessibility Parking Permit, Return to Work/School notes or forms.

This does not include medical reports/letters. **Prepayment is required. ....\$50.00**

**Motor Vehicle Collision Insurance:** Please note that you may be asked to pay the difference in fees related to professional services that exceed the maximum hourly rates set out in the Financial Services Commission of Ontario 2014 Professional Services Guideline. Please ask your therapist for more information if this applies to you.

**Payment:** Payment methods include cash, cheque, MasterCard, Visa, and Interact. Accounts are payable at time of appointment. A service charge of 5% will be added to all overdue accounts. There is a \$50.00 service charge for NSF cheques.

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Date

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Name (please print)

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Signature