
8740 208th Street, Langley BC, V1M 2Y3 Phone: 604-518-6000 Fax: 778-285-5502

New Patient: Initial Intake Form

Personal Information

First Name: _____

Last Name: _____

Personal Care Card Number: _____

Age: _____

Birth Date: (Month, Day, Year) _____

Sex: Male Female

Occupation: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone (Primary): Home/Cell: _____

Telephone (Secondary): Work: _____

Emergency Contact:

Name, Relationship, & Telephone: _____

Family Physician & Telephone: _____

Referring Physician if different from above: _____

Email: _____

Current ailment(s)? _____

(if more than one, please indicate which is the most concerning/painful ailment today):

Concerns:

Have you ever seen a Physiotherapist before? Yes No

If yes, for what ailment (s)? _____

How did you hear about us? _____