

Telehealth Intake Form

Orthopedic and Sports Injury Services

1 – 7650 Grant Street, Mission, BC V2V 3T3 Phone: 604-820-8285 Fax: 604-820-8287 info@oasismissionphysio.com

Registered Physical Therapists:

Joe Harvard MSc. PT Kim Hauvre MSc. PT Liliana Harvard BSc. PT; Acupuncture Foundation of Canada Certified Gilbert Lapurga BSc. PT; Certified Work/Functional Capacity Evaluator

Name:	Date of Birth	(DD/MMM/YYYY):
Address:	City:	Postal Code:
Home Phone:		ninders to this phoneYes No
Work Phone:		 ninders to this emailYes No
Care Card Number (PHN):	Accept text ren	iniders to this emailres No
My visit is: Private ICBC WSBC _	MSP	Third Party Payer
Family Physician:	_Location:	
Please indicate how you heard about our clinic: If you would like us to submit claims to a 3 rd party payer (P please complete page 3. Important Notice to all patients:		
 I understand that I am solely responsible for all fees owing to fees are not paid in full by your 3rd party payer, or it was not responsible to pay all outstanding amounts. 		
Accounts in arrears for over 6 months are subject to being so	ubmitted to a thii	rd party to collect on our behalf.
 I understand that one business day cancellation notice is red A \$30 late cancellation fee will be implemented if no notice may be asked to pre-pay for the appointment prior to sched 	s given. If repeat	ed appointments are missed, clients
Patient/Guardian Signature:		Date:

MEDICAL HISTORY

Check off Yes or No for th	e foll	owin	g conditions					
	Yes	No	Yes No			Yes No		
Arthritis			Heart Condition			Vision Difficulties		
Osteoporosis			Chest Pain Swallowing Difficultie		Swallowing Difficulties			
Asthma			Pacemaker Slurred Speech		Slurred Speech			
Bronchitis			Dizziness or Fainting Memory Problems		Memory Problems			
Other Respiratory Condition:		High or Low Blood Pressure Hearing		Hearing Impairment				
Cough			Depression			Sleeping Problems		
Diabetes	etes History of Cancer Balance Problems		Balance Problems					
Thyroid Condition	nyroid Condition Smoking History Recent Falls or Black		Recent Falls or Blackouts					
Raynaud's Preg		Pregnancy			Unexplained Weight Loss			
Epilepsy or Seizures	es Metal implants (incl. IUD) Groin Numbi		Groin Numbness or Tinglin	g				
Blood Disease			Hernia		Allergy to Tape or Latex			
Headaches			Bowel or Bladder Difficulties			Other Allergies:		

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Mark an X on your area or areas of concern.

How is your daily life affected by your condi-	tion?
Anything else we should know about your ho	ealth?

Back Front Side
Please list any surgeries, injuries or injections you have had with the approximate dates:
Injuries:
Surgeries:
Injections:
Please list any medications (with dosages) you are currently taking: If you have a list, we will copy it for you
Do you sleep through the night?YesNo Do you wake but feel unrested?YesNo
What position do you sleep in? Lying on:BackFrontSide
Check off any test(s) you have had that are related to your referral in our clinic today?
Bone Density StudyCT Scan EMG/Nerve ConductionMRIUltrasoundX-rays
Other tests not listed above:
Do you have a referral from your doctor?YesNo
Do you have a follow up appointment with your doctor?YesNo

Patient Information and Consent for Receiving Physiotherapy through Virtual Care / Telerehabilitation

Patient Information

Telerehabilitation is the use of information or communication technologies to allow you and your physiotherapist/kinesiologist to connect via video to receive physiotherapy services at a distance, when an in-person visit is not possible. Here are a few frequently asked questions about telerehabilitation in physiotherapy.

When might telerehabilitation be appropriate?

Telerehabilitation is being implemented to continue care for patients during the COVID-19 Virus outbreak. This allows us to continue to provide services while keeping people at home and in a safe environment.

When would telerehabilitation not be appropriate?

Telerehabilitation has limitations compared to an inperson encounter such as the inability to perform hands-on examination, assessment and treatment. For this reason, in many circumstances, if suitable in-person care is available it will be preferable. Please contact us for further information.

We are under strict guidelines as to who is eligible for in-clinic treatments as per recommendation from BC Health Officials. For more details on this, please visit our website, oasismissionphysio.com and select "COVID-19 Health and Safety Policy under the News tab.

What are the risks of receiving care via telerehabilitation?

The risks of receiving physiotherapy care specific to telerehabilitation relate mostly to concerns about the privacy of your personal health information, and your personal safety. To ensure this our telehealth application employs authentication and encryption technology to ensure compliance with PIPA and PIPEDA. The physiotherapist/kinesiologist is required to ensure that the location where you receive care is safe, and that procedures are in place to ensure the availability of help in the event of an emergency. We do recommend that the visit proceed in the presence of another person to enhance the safety and value of the visit. If this is not possible, we request an emergency contact number that we can call in the case of an emergency.

Do I have to pay for telerehabilitation physiotherapy services?

It depends. Some physiotherapy services may be covered by government funding, for example if you are having a follow up visit after discharge from hospital. ICBC, and WorkSafeBC have agreed to fund all current patients. If the service is not publicly funded, you would need to pay in the same way as you would if you were attending an in-person visit. In some cases, extended benefit carriers will cover your virtual care session. Please contact your provider.

If my physiotherapist isn't in the room, who will help me and what types of care can be provided?

Depending on the setting,

physiotherapists/kinesiologists providing consultation via telerehabilitation may require assistance from your family or friends.

The physiotherapist/kinesiologist is required to ensure that an appropriate level of support and assistance is available to address your needs and ensure your safety, and that you agree to the involvement of this assistance.

Examples of services that can be provided by telerehabilitation include, but are not limited to, consultation with local physiotherapists, education and instruction, monitoring your progress with a treatment program, and supervised exercise or meetings with your health care team.

Will I get good quality care?

Expect to receive the same safe, quality care that you would get during an in-person visit. The College expects physiotherapists/kinesiologists to meet the same standards of practice regardless of how the services are delivered.

What if I have a concern about the care?

You may choose to raise your concerns with the BC College of Physical Therapists at (604) 742-6556 or info@cptbc.org.

Consent:

By signing below, I confirm that I have read and understood the information provided on telerehabilitation and that I agree to receive my physiotherapy through telerehabilitation. I also understand that I can withdraw my consent at any time.

Patient Name:	
Patient Signature:	
Date:	
Emergency Contact:	
Emergency Contact Number:	