

Has this condition interfered with any of the following? Sleep, Appetite, Social Life, Energy Level, Work, Bowel Movements, Urination, Concentration, Driving, Lifting/Carrying, Sitting?

Others _____

PAST HISTORY

List known health conditions (high blood pressure, heart conditions, stroke, diabetes, etc.)

Previous Surgeries and the dates which they occurred _____

What type of exercise do you perform on a daily basis? **None Moderate Heavy**

What do your daily work habits include? Sitting, standing, heavy labor, computer work:

PAYMENT INFORMATION

I understand that payment is expected at the time of service. A receipt will be provided to you so you can claim through your insurance for reimbursements.

I choose to pay by:

- Cash**
- Check**
- WSIB**
- Direct Billing (GREAT WEST LIFE ONLY)**