



Edmonton
Sport
Institute

Edmonton Sport Institute
11828 - 111 Avenue
Edmonton, Alberta T5G 0E1
Tel: 780-451-1234 Fax: 780-452-9303
E-mail: admin@edmontonsportinstitute.com
www.edmontonsportinstitute.com

Clinic Registration Form

Do you currently have an appointment booked at the Edmonton Sport Institute? Yes No

If yes, Appointment Date:

Appointment Time:

Last Name:

First Name:

Date of Birth:

Gender: Male Female

Height: ft inches

Weight: pounds

Provincial Health Card #:

Health Care Type:

Please bring your Provincial Health Card with you to your initial appointment.

Address:

City:

Province:

Postal Code:

Home #: () - Work #: () - Cel #: () -

E-mail Address:

Family Physician:

Clinic Name:

Clinic E-mail Address:

Emergency Contact Person:

Emergency Contact #: () -

Did you hurt yourself at work? No Yes

If yes, what is your WCB claim #?

Do you/your spouse/your parents have extended health benefits? No Yes

Date of injury:

Injured Body Part:

Right or Left:

Describe in detail how your injury occurred:

Please rate your level of pain at this time?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Extreme pain

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

How would you describe your pain? (check all that apply)

Numbness

Pins and Needles

Burning

Sharp

Dull and Aching

Stiff and Tight

Have you noticed any locking, catching or instability in the area? No Yes If yes, describe:

Is there any numbness or tingling in the injured area? No Yes If yes, describe:

Does your injury affect your daily activities? No Yes If yes, describe:

Sports or Activities:

Dominant Leg/Arm:

Occupation or School:

Describe any previous injuries to the same area:

Have you seen any health care worker for treatment yet?

Treatment Type

Hospital/Clinic

Date

Dr/Physio/Chiro/Trainer

Have you had any investigations (x-rays, ultrasound, MRI, etc.)?

Type of Investigation

Hospital/Clinic

Date

Have you had any previous bone or joint (orthopedic) surgery?

Body Part

Hospital/Clinic

Date

Surgeon

Allergies: (please include drug, food, latex allergies, etc.)

Allergy

Reaction

Have you had an adverse reaction to oral anti-inflammatory medications in the past? No Yes

If yes, describe:

Medications: (Please include all medications that you are currently taking, including non-prescription)

Family History: (Please check all that apply to your family)

Heart Disease	Chronic back pain	Anemia	Depression
High Blood Pressure	Drug Addiction	Cancer	Alcoholism
Mental Illness	Ulcerative Colitis	Asthma	Diabetes
Severe allergies	Stomach ulcers	Psoriasis	Epilepsy
Rheumatoid arthritis	Kidney disease	Other	

Do you have any other medical conditions? No Yes If yes, please describe:

Are you physically active? No Yes Average # minutes / day, days / week

Do you drink alcohol? No Yes Average # drinks: / day, days / week

Do you smoke cigarettes? No Yes Average # cigarettes: / day

Please fill out the additional history form if your complaints are related to a concussion:

Clinic Cancellation Policy

If cancelling an appointment, you are asked to please do so at least 4 hours in advance.

If you do not, or if you missed a scheduled appointment, there will be a \$35 charge.

Options for submitting this form

1. Save: Click the Save button to save this form on your computer. You may then attach the form in an e-mail and send it to admin@edmontonsportinstitute.com.
(Use this feature if your e-mail account is web-based, eg. Hotmail, Yahoo, Google, etc.)
2. Submit: Click the Submit button if you are using a computer that has your e-mail established on Outlook or Mac Mail.
3. If you are uncomfortable sending your medical information by e-mail, simply print out the form and bring it to your appointment.

Edmonton Sport Institute : 11828 – 111 Avenue Edmonton AB T5G 0E1

Tel# 780-451-1234 : Fax# 780-452-9303

E-mail admin@edmontonsportinstitute.com

www.edmontonsportinstitute.com

www.imajinalberta.com