VIGOR
HEALTH AND REHAB

# NEW PATIENT INTAKE FORM

## Patient Information

Name:_____ Gender: _____ Age:_____

Date of Birth:_____ /_____ /_____(DD/MM/YY) Occupation:_____

Address:_____

City:_____ Province:_____ Postal Code:_____

Telephone:Home(_____)_____Work(_____)_____Cell(_____)_____

Email Address: _____@_____

**Emergency Contact:**

Name:_____Relation:_____Telephone: (_____)_____

Would you like to receive a reminder for your subsequent appointments? **Yes / No** If yes, how? **# / @**

How did you hear about our clinic? Please circle:

| | | | | |
|---|---|---|---|---|
| Walk-in | Google | Website | Mailout | Friend:_____ |
| Facebook | Twitter | Brochure | Event | Other/Specify:_____ |

## Health Care Provider(s)

Name of Medical Doctor:_____ Telephone:(_____)_____

Address:_____

Date of last appointment:_____ Date of last physical:_____

Other Health Care Provider(s):_____

**Permission to consult with the above Health Care Provider(s)? Yes / No**

## Consent for Electronic Communication

We value our relationship with you and would like to maintain open lines of communication to send information regarding VIGOR Health and Rehab. In order to do so, we are asking for your permission to receive messages from us. Please select to either: ☐**OPT IN** ☐**OPT OUT**

Opting in will allow us to communicate with you electronically. Opting out will indicate that you do not wish to receive any electronic communication from us.

Signature:_____ Date:_____