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Profile Information — Step 1 of 2

You are completing the following intake forms: Intake Form (May 2025)

You are filling out an intake form for Patient Name


Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential.

 Only staff members can edit this information on an intake form.

First Name – Required

Last Name – Required

Email – Required

Preferred Name (if different) 

Pronouns

Prefix / Title

Please provide at least one phone number. Your mobile number can be used to look up your Account.

Home Phone 

Mobile Phone 

A mobile phone is required if you would like to receive SMS appointment reminders.

Work Phone 

Street Address

City

Province

Country

Postal Code

Date of Birth

Month

Day

Year

Gender ?

Sex ?

Personal Health Number

Emergency Contact

Emergency Contact Phone

Emergency Contact Relationship

Family Doctor

Family Doctor Phone (if known)

Family Doctor Email (if known)

Name of Referring Professional

Referring Professional Phone (if known)

Referring Professional Email (if known)

How Did You Hear About Us?

Consents — Step 2 of 2

You are completing the following intake forms: Intake Form (May 2025)

Communication

Appointment Notifications and Reminders

Email

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

- I would like email notifications of new, cancelled, and rescheduled appointments
- Email 2 days before appointment

Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime.

- Text Message (SMS) 2 hours before appointment

Intake Form (May 2025) — Consents

Accuracy of Information – Required

- I certify that the above medical information is correct to my knowledge.

Privacy and Sharing of Information – Required

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor and/or referring doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

- I agree

Cancellation Policy – Required

8:47 AM

Elite Sports Physio and Massage

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the therapists' day that could have been filled by another patient. As such, we require 24 hours notice for any cancellations or changes to your appointment. Patients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee to the card on file.

I am aware of the Cancellation Policy.

Signature – Required

Draw Type

Submit Intake Form

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