

Osteopathic Health Centre

Osteopathy, Massage Therapy, Physiotherapy, Orthotics,
Naturopathy, Acupuncture & TCM
osteopathyassociates@bellnet.ca

7777 Kipling Avenue, Suite# 105
Woodbridge ON L4L2Z3
Phone: 905-266-2199
Fax: 905-266-2155

4310 Sherwoodtowne Blvd, Suite# 407
Mississauga ON L4Z4C4
Phone: 416-241-0099
Fax: 905-266-2155

PATIENT INFORMATION

(Mr. Mrs. Ms. Dr.) Last Name: _____ First: _____

Birthday: (D)_____/ (M)_____/ (Y)_____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home #: _____ Work #: _____

Mobile: _____ Email: _____

Occupation: _____

Referral Source: _____

Family Doctor: _____ Phone: _____

Have you *ever* been in any accidents? YES / NO. Date of Accident: _____

Surgeries: _____

Major Complaints: _____

When did your symptoms begin? _____

Current medications: _____

Treatment Goals: _____

CANCELLATION POLICY:

Please provide us with a minimum of **36 HOUR NOTICE** for cancellations by phone or email. This will enable us to provide the vacant slot to the patients who require our services.

Our policy regarding Cancellation: A **cancellation fee** equal to 100% of your charges applicable to the original time reserved specifically for you, unless you or your child is ill or there is an extenuating circumstance. **A \$50 fee is charged for last minute cancellations and FULL AMOUNT is charged for No-Show's.**

Thank you for helping us to maintain a high level of services for all our clients.