



YOUR CENTRES FOR SPINAL, SPORTS AND OCCUPATIONAL REHABILITATION
www.PantherSportsMedicine.com

MESSAGE REGISTRATION

Please print

Last Name: _____	First Name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____		Date of Birth: ____/____/____ mm dd yyyy
City: _____	Prov.: _____	Postal Code: _____
Phone # : (hm.) _____	(wk.) _____	(cell.) _____
Email address: _____	<input type="checkbox"/> Consent to receive e-mails	

Is this injury from a Motor Vehicle Accident? yes no

Do you have extended Health Care? yes Please Specify: _____ no

Please tell us how you came to our clinic (please specify where applicable):

<input type="checkbox"/> Physician referred me to Panther Sports	Advertisement/Signage:
<input type="checkbox"/> Previous Panther patient	<input type="checkbox"/> AD/Newsletter
<input type="checkbox"/> Law Firm	<input type="checkbox"/> Website/Internet
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Signage
<input type="checkbox"/> Friend/Family/Team _____	<input type="checkbox"/> Services within Building

***To reschedule an appointment, we require 24 hours notice. Otherwise, a late cancellation or no show fee may be charged. For your convenience, an answering machine will take your call after hours.**

"Take the leap to good health"

