



YOUR CENTRES FOR SPINAL, SPORTS AND OCCUPATIONAL REHABILITATION  
[www.PantherSportsMedicine.com](http://www.PantherSportsMedicine.com)

## PHYSIOTHERAPY REGISTRATION

Please print

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_ (cell.) \_\_\_\_\_

Email address: \_\_\_\_\_  Consent to receive e-mails

Referring Physician: \_\_\_\_\_ Alberta Healthcare Number: \_\_\_\_\_ - \_\_\_\_\_

Family Physician: \_\_\_\_\_ Medical Clinic: \_\_\_\_\_

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

Is this injury from a Motor Vehicle Accident?  yes Claim #: \_\_\_\_\_  no

Date of Accident: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Is this injury a Workers' Compensation claim?  yes Claim #: \_\_\_\_\_  no

Date of Accident: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this injury eligible for Alberta Health Services?  yes body part \_\_\_\_\_  no

Date of Injury: \_\_\_\_\_  Surgery  Fracture  Income Eligible

*"Take the leap to good health"*

