



Beyond the Next Level
New Patient Health Questionnaire

First Name: _____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Which is the best way to reach you? _____

Birth Date: _____

Family Medical Physician: _____

May we contact your Physician regarding your treatment and progress at this clinic? Yes No _____
Signature

If this is a sports injury, may we consult with your coach/trainer regarding your progress? Yes No _____
Signature

Name of coach: _____

Phone: _____

Team: _____

How did you hear about our office?

Friend/Family Sign Coach/Trainer Please Specify: _____

What is the reason you are seeking treatment?
 Sports Injury Work Injury Automobile Injury Chronic/Ongoing Injury Other _____

Please describe your complaint: _____

How long has it bothered you? (please provide date if possible) _____

Describe how your problem began: (ie: fall, collision) _____

Are your symptoms:
Increasing not changing decreasing

Is this a:
new problem old problem recurring problem

What activities make your problem better?

What activities make your problem worse?

Please draw in the area of your pain:

Which of the following decrease your discomfort:
Ice Heat Stretching Anti-Inflammatories
Nothing Other _____

Have you been treated for this problem? Yes No
 If yes, by whom? MD Chiropractor Physio Massage Therapist Other _____

Has it helped? Yes No

Have you had any of the following tests done for this complaint:
 Xray MRI CT Scan Blood Tests Ultrasound Bone Scan Other _____

Do you: Smoke Drink Alcohol Regularly Exercise Regularly

Please list any medications you are taking and which conditions you are taking them for:

Occupation:

What are your goals with respect to this condition?

Eliminate Pain Return to Sports Return to Work Improve Health and Fitness
 Prevent further injury Improve Performance Other _____

If you have had or currently have any of the following conditions, please indicate it below

	Past	Presently		Past	Presently
Osteoarthritis			Rheumatoid Arthritis		
Osteoporosis			Migraine Headaches		
Endometriosis			Asthma		
HIV/AIDS			Liver Problems		
Cancer			Kidney Disorders		
Heart Disease			Stroke		
High Blood Pressure			Lung Disorder		
Heart Attack			Stomach/Intestinal Problems		
Diabetes			Depression		

Beyond the Next Level

Sports Medicine and Training Centre

2300 Cornwall Rd, Oakville, ON

905-845-6989 ext 265

Beyond the Next Level is an injury treatment and rehabilitation centre. All forms of treatment including Rehabilitation, Chiropractic Adjustments, and Active Release Techniques (ART) fall under the scope of Chiropractic.

Most extended health plans cover Chiropractic services, but it is up to each individual to investigate these policies. From time to time x-rays may be required, in some cases a fee will be charged for these x-rays and/or the Radiologist's fee for reading them.

In the case of a hockey injury, Hockey Canada covers \$500.00 per calendar year for Chiropractic services. These fees must be paid to BTNL and retrieved from Hockey Canada following treatment.

All forms of treatment (medicine, chiropractic, acupuncture, etc.) carry some risks and offer no guarantee. Before beginning any therapy, a BTNL staff member will discuss these risks and benefits with you.

Missed Appointments

Our company policy is that missed sessions or cancellation without 24 hours notice will result in a \$35 charge for the missed session.

Service	Adult Fee	Student Fee
Initial consultation including treatment	70.00	60.00
Treatment	40.00	35.00
Treatment + Sports Rehabilitation	65.00	60.00
10 Session Prepay	360.00	320.00

Please sign and date below to acknowledge that you agree to these terms

Name

Date

Parent's Name (if under 18)