



**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Day/Month/Year

Date of Injury: \_\_\_\_\_

Area of Injury: \_\_\_\_\_

Emergency Contact or Guardian (for Patients under the age of 18)

**Physicians**

Family Physician: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**Consent to Release Information**

I, \_\_\_\_\_ give Cobourg Orthopaedic & Sports Injury Clinic (COSIC) my consent to release/obtain information from the following individuals with respect to my care by report, letter, phone, fax, email or direct communication:

Physician(s) \_\_\_\_\_ Initials \_\_\_\_\_

Insurer \_\_\_\_\_ Initials \_\_\_\_\_

Employer \_\_\_\_\_ Initials \_\_\_\_\_

**Payment Information**

I understand that payment for services received at COSIC is my responsibility. If my claim is to be submitted directly to an outside agency for payment, and the third party payer, such as insurance or employer, denies the claim and/or refuses to pay all or any of the full amount billed, I am responsible for paying the amount outstanding. I understand that the fees per visit for this service are:

Assessment \$ \_\_\_\_\_ Treatment \$ \_\_\_\_\_ Initials \_\_\_\_\_

COSIC respectfully requires patients to provide 24 hours notice for appointment cancellations. Consequently, I acknowledge that if I do not provide 24 hours notice, I may be charged a cancellation fee. I also acknowledge that third party funders may not pay for cancellation charges I may incur, and that I am personally responsible for paying such cancellation charges.

Initials \_\_\_\_\_

**Communication**

I would like COSIC to provide a courtesy call/email to remind me of future appointments Initials \_\_\_\_\_

I would like COSIC to email me upcoming clinic services, news, and promotions Initials \_\_\_\_\_

Who can COSIC thank for your referral? \_\_\_\_\_

COSIC is the Health Information Custodian of your file, please direct questions regarding the care of your file to Jeff Crowley.