

Class Registration Form

Date of birth:	Date:		
City:	Name:		Email:
Telephone: (H) CC (W) Date of birth: Sex: Male Female Occupation: Referral: GP Ortho Self Other: Family physician: City: Low Back Pain: Treatment and Prevention Date of session requested: Have you had any previous treatment for low back pain? If yes, please list: Women's Health Date of session requested: Do you have specific concerns? If yes, please list:	Address:		
Date of birth:	City:		Postal Code:
Occupation: Referral: GP Ortho Self Other: City: Family physician: City: Low Back Pain: Treatment and Prevention Date of session requested: Have you had any previous treatment for low back pain? If yes, please list: Women's Health Date of session requested: Do you have specific concerns? If yes, please list: General Health High blood pressure Infectious skin conditions Low blood pressure Infectious skin conditions Low blood pressure Heart attack: When? Heart attack: When? Stroke: When? Allergies: Type Arthritis Infectious skin conditions Infectious skin conditions Heart attack: When? Stroke: When? Fazemaker or similar device Althritis Diabetes Dizziness Epilepsy Ear aches Hernophilia Hennaphilia Hernophilia Headachnes: Type Dizziness Diz	Telephone: (H)	(C)	(W)
Referal: GP Ortho Self Other: City: Family physician: City: Low Back Pain: Treatment and Prevention Date of session requested: Have you had any previous treatment for low back pain? If yes, please list: Women's Health Date of session requested: Do you have specific concerns? If yes, please list: General Health Bladder: Normal Abnormal High blood pressure Low	Date of birth:	Sex: ☐ Male	□Female
Family physician:	Occupation:		
Low Back Pain: Treatment and Prevention Date of session requested: Have you had any previous treatment for low back pain? If yes, please list: Women's Health Date of session requested: Do you have specific concerns? If yes, please list: West	Referral: □GP □Ortho □Self □Ot	her:	
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Women's Health Date of session requested: Do you have specific concerns? If yes, please list: General Health Bladder: Normal Abnormal Infectious skin conditions Tuberculosis Low blood pressure Heart disease Heart disea	Low Back Pain: Treatment and Prevention		
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General Health Bladder: Normal Abnormal Low blood pressure Infectious skin conditions Low blood pressure Tuberculosis Congestive heart failure Hepatitis Heart disease Heart attack: When? Stroke: When? Pacemaker or similar device Allergies: Type Arthritis Cancer Diabetes Digestive disorders: Type Dizziness Epilepsy Ear aches Hemophilia Hernia Hypoglycemia Headaches: Type Pins, plates, prosthesis Vision or hearing loss Loss of sensation Chronic cough Women Bronchitis Pregnant Shortness of breath Number of children Asthma Painful menstruation Ephysema Menopause Cheques must be payable to "GOOD PRACTICE PHYSIOTHERAPY"	Date of session requested:		
General Health Bladder: □Normal □Abnormal □Low blood pressure □Infectious skin conditions □Low blood pressure □Tuberculosis □Congestive heart failure □Hepatitis □Heart disease □HIV □Heart disease □He	Do you have specific concerns?		
General Health Bladder: □Normal □Abnormal □Infectious skin conditions □Congestive heart failure □Hepatitis □Hepatitis □Heart attack: When? □Stroke: When? □Pacemaker or similar device □Allergies: Type □ □ Arthritis □Cancer □Digestive disorders: Type □ □Dizziness □Epilepsy □ □Dizziness □Epilepsy □ □Dizziness □Epilepsy □ □Dizziness □Pins, plates, prosthesis □ Usion or hearing loss □Congen □ Pregnant □Chronic cough □ Women □ Pregnant □ Number of children □ Asthma □ Ephysema □ Menopause □ Cheques must be payable to "GOOD PRACTICE PHYSIOTHERAPY"	If yes, please list:		
General Health Bladder: Normal Abnormal Low blood pressure Infectious skin conditions Low blood pressure Tuberculosis Congestive heart failure Hepatitis Heart disease HIV Heart attack: When? Stroke: When? Pacemaker or similar device Allergies: Type Arthritis Cancer Diabetes Digestive disorders: Type Dizziness Epilepsy Epilepsy Ear aches Hemophilia Hernia Hypoglycemia Headaches: Type Pins, plates, prosthesis Chronic cough Women Bronchitis Pregnant Asthma Ephysema Cheques must be payable to "GOOD PRACTICE PHYSIOTHERAPY"			
Allergies: Type	General Health Bladder: □ Normal □ Abnormal Infectious skin conditions Tuberculosis Hepatitis		High blood pressure Low blood pressure Congestive heart failure Heart disease Heart attack: When? Stroke: When?
Bronchitis Pregnant Shortness of breath Number of children Asthma Painful menstruation Ephysema Menopause Cheques must be payable to "GOOD PRACTICE PHYSIOTHERAPY."	Cancer Digestive disorders: Type Epilepsy Hemophilia Hypoglycemia Pins, plates, prosthesis		Arthritis Diabetes Dizziness Ear aches Hernia Headaches: Type Vision or hearing loss Loss of sensation
To secure participation, your cheque must be received prior to class date. Signature:	Bronchitis Shortness of breath Asthma Ephysema Cheques must be payable to "GOOD PRACTICE P		Pregnant Number of children Painful menstruation Menopause