**761 Brant St Suite #103 • Burlington, Ontario • L7R 2H7**

**t: 905 332 7000 e****: frontdesk2@absoluterw.com**

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| Patient Name: | **Primary Insurance Co:** |
| Date of Birth: mm/dd/yyy: | Group Policy # |
| Home Address: | ID # |
| City: Postal Code: | Name of Insured: |
| Phone # : Cell # : | Date of Birth of Insured: mm / dd / yyyy |
| Email : | **Secondary Insurance:** |
| Employer: Occupation: | Group Policy # |
| Work Phone # : Work Fax #: | ID # |
| Family Doctor: Emergency Contact:Referral Source (who referred you?) : Phone Number: | Name of Insured: |
| Doctor Phone # : Doctor Fax # : | Date of Birth of Insured: mm / dd / yyyy |

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| **DATE** | **PT** | **ND** | **DC** |  **RMT** | **Payment Info**Chart Check List Completionensuring all documents are **completed** and signed🞏 **whom referred the patient & it has been inputted in to P.M.S.**🞏 Email verification 🞏 **Fee Schedule**🞏 **Physiotherapy Consent**🞏 **Acupuncture Consent**🞏 **Spinal Manipulation** 🞏 **Chiropractor Consent**🞏 **Electronic Billing Consent**🞏 **Electronic Assignment of Benefits**🞏 **Office Policies & Procedures**🞏 **EMERGENCY CONTACT****Patient's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**🞏**Verified and chart completed by****staff (print name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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