Chart Number		DA	DAVID L. MACINTOSH SPORT MEDICINE CLINIC														
		Faculty of Kinesiology and Physical Education 100 Devonshire Place, 4th Floor. Toronto, Ontario M5S 2C9												Vai	Varsity Team		
		Unive	rsity of 1	Γoronto (416) 97	8-4678	4678						STU	Л 🔲 ,				
Patient's Last Name Firs						First Name			N	Middle Initial Prefe			erred Pronouns (Gender		
Health Card Number										Version Code			Province				
Name as Printed on Health Card						David		Expiry Date	Year			Dov		Date of Birtl		h Year	
						Day		Month	Year Day		ay	IVIO	ntn	i eai			
Apt #	Mailing Address							(Area Co	ide)				Home	Phone N	Number		
										1.)		During 10 HN					
								(Area Co	ode)			Business/Cell Num					
City		Province Postal Code I allow contact by email Yes No Email Address:															
As a research is removed be	h instituti efore da	ion, it is ta is pro	commo ovided t	on to use data on researchers.	collecte Do you	d from p conser	oatients it to hav	for research p e your de-ider	urposes itified da	. All per ata used	rsonal ir for rese	nformati earch?	on that	identifle	s patients	Yes	
Student Number, if student at the University of Toronto																INO	
Alternate Co	ontact N	lame a	nd Pho	one Number:													
Thank you for o	choosina t	the David	d L. Mac	Intosh Sport Med	icine Clir	nic for vo	ur rehab	Billing Polic		the care	of sport	and or ex	kercise r	elated in	iuries.		
Our multi-disc Therapists as v Our orthopaedi	ciplinary to well as for ic surgeor	team inc Physicians require	i <mark>ludes</mark> : S ans. You e a direc	Sport Physicians, u may be seen by	Athletic / an unde e of our	Therapis ergradua sport ph	sts, Mass ste or pos ysicians.	age Therapists, st-graduate stude Please check v	Physiothe ent in add vith your e	erapists, (lition to the extended	Consulta he superv health ca	nts & Or rising clir	thopaed	ic Surgeoi A physicia	ns. <i>This is a t</i> n must presc	reaching clinic for ribe all therapy. red. All members	
•	incial hea			cover the cost to				•			iebec, ur	nless yo	u are a d	current st	udent at U o	f T , you will need	
	If yo	ou are no	ot cover	ed by a provinc	ial healtl	h plan, (OR do no	ot have a valid h	ealth ca	rd, you w	vill need	to pay t	he cost	of your a	ppointment.		
				ame Day Cancel e at the time of y			e our po	osted Fee Guid	<u>line)</u>								
Students: All	l currently	register	ed U of T	students must b	e assess	sed and	referred t	to therapy by one	e of our S	port Phy	/sicians.						
•			_	appointments, e	•			• ,					-		•	with no change in	
Methods of Pa		A. Maste	rcard. A	.MEX, or Cheque	(No Ca	sh)											
Please note:					•	ŕ											
All information	gathered zation bef	for treati ore we re	ment or a	WORKPLACE of assessment is compy information. The	nfidentia	al except	as requi	red or allowed by	/ law or to		e diagnos	sis (asse	ssment)	or treatme		ne asked to provide ords (EMR). Our	
Patient's St	tateme	nt of A	greem	ent: I verify	that I ł	nave re	ead & u	ınderstood t	he abo	ve and	l agree	to foll	ow the	e terms	and cond	tions outlined.	
DATE:			Patie	ent Name (please p	orint)					_Signatur	re:						
[IF UNDER 18]	Parent/G	uardian	Name (p	lease print):				Sign	ature:					_			