Chart Number	er		DAV	/ID L	. MA	CINT	OSH	SPO	RT N	/EDI	CINE C	LIN	IIC					
		DAVID L. MACINTOSH SPORT MEDICINE CLINIC Faculty of Kinesiology and Physical Education																
100 Devonshire Place, 4th Floor. Toronto, Ont University of Toronto (416) 978-4678									ario M5S 2C9					NS STU VAR				
Patient's Las	t Name		Univers	sity of 10	oronto (First N			Middl				Middle Nar	ddle Name				
Health Card Number							Version					Code	e Province					
Name as Pri	Healtl	n Card						Expir	y Date				Date of Birth					
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City Province Postal										conta Addre	-	il 🗆	□ Yes □ No					
As a research is removed be															at identi	fles patients	□ Yes	
Student Number, if student at the University of Toronto																	_ □ No	
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Alternate Co	ntact N	ame a	nd Pho	one Nu	mber:													
Thank you for cl	_				-		-		bilitation	-	ecialize in th		· ·			-		
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Physician Visit	s																	
	ncial hea									-			uebec, unles	s you are	a curren	t student at U	of T, you will need	
	If yo	u are no	ot cover	ed by a	provinc	ial healt	h plan,	OR do no	ot have	a valid h	ealth card,	you w	vill need to pa	ay the cos	t of you	r appointment		
Therapy Visits Non-Students								See our p	osted F	ee Guid	ine)							
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We require 24 h	ours no	tice for c	ancellin	g appoin	tments,	emerger	ncies not	twithstand	ding. If y	ou book	within the 2	4 hour	time frame,	he policy i	s in effec	t immediately.		
fee.		sponsibl	e for the	e time the	ey reser\	e for the	eir appoi	ntment.	f you are	e late for	your appoir	itment	the treatmen	t will still er	nd at the	designated tim	ne with no change in	
Methods of Pay We accept: DE		A, Maste	rcard, A	AMEX, oi	Cheque	e (No Ca	ısh)											
Please note:					•	•	,											
_	athered ation befo	for treatr ore we re	ment or a	assessm	ent is co	onfidentia	al excep	t as requi	ired or a	-	law or to fa	cilitate		ssessmen	t) or trea		l be asked to provide cords (EMR). Our	
Patient's Sta	atemer	nt of A	areem	ent: I	verify	that I	have r	ead & ı	unders	tood t	he above	and	agree to f	ollow th	e term	is and cond	ditions outlined.	
			_						Signature:								THE PERSON NAMED IN COLUMN	
[IF UNDER 18] I																		
U.IDER 10]1		Ja. Giail	()	LOGGO PIIII	,					Sigi							Revised Dec 2017	