



**BEDFORD ORTHOPAEDIC HEALTH CENTRE-**

200-1093 Bedford Highway  
Bedford, NS B4A 1B7  
Tel#: 902.835.1932  
Fax#: 902.832.1374

**OSTEOPATHY INTAKE**

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**PRIVATE INSURANCE COVERAGE**

The fees for osteopathy are not covered by the provincial medical plan, MSI. Most health insurance plans such as Blue Cross & Great West Life, reimburse all or a percentage of the cost. However in most cases we are not permitted to bill them directly. **(Medavie Blue Cross DOES allow us to direct bill for osteopathy).** Plans vary considerably so **PLEASE CHECK YOUR PLAN TO DETERMINE THE AMOUNT OF COVERAGE YOU HAVE AND THE TERMS OF YOUR REIMBURSEMENT (including any customary charges if applicable).** Some plans require a referral by a physician. Upon payment we will issue an official receipt for you to submit to your insurance carrier for reimbursement.

**TREATMENT FEES**

The fees for Osteopathy are available at the front desk.

Payments may be made by cash, cheque, MasterCard, Visa or debit after each visit, or at the end of the week

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**PATIENT INFORMATION**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Address: \_\_\_\_\_ City/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Tel#: \_\_\_\_\_ - \_\_\_\_\_ Work Tel#: \_\_\_\_\_ - \_\_\_\_\_ Cell#: \_\_\_\_\_ - \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Area of Treatment : \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
Type of Medical Plan: \_\_\_\_\_

**Other Health Related Issues? Please circle the following relevant to your health.**

High Cholesterol    Diabetes    Heart Problems    Allergies    History of Cancer  
High Blood Pressure    Epilepsy    Fracture Pins/Plates    Pacemaker    Pregnant  
Dizziness    Infections    Bowel/Bladder    Sensitivities    Other: \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

Any X-rays taken related to the referral? \_\_\_\_\_

Are there any related surgeries? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What are your recreational or sported related activities? \_\_\_\_\_ (turn page)

**Emergency Contact:** \_\_\_\_\_ Tel#: (Day) \_\_\_\_\_ - \_\_\_\_\_ (Evening) \_\_\_\_\_

## CONSENT FORM

I, \_\_\_\_\_, give consent to the assessment and treatment by an osteopath employed at the Bedford Orthopaedic Health Centre. I understand the osteopath will discuss the clinical findings and inform me of the available treatment options. I will communicate to the osteopath any questions or concerns with respect to treatment and at any time I have the right to terminate treatment.

I, \_\_\_\_\_, give consent for Bedford Orthopaedic Health Center to communicate and send reports to my Family Practitioner, and referring health professional.

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## 24 HOUR CANCELLATION & MISSED APPOINTMENT POLICY

The Bedford Orthopaedic Health Centre asks all clients to **respect the 24-hour cancellation or missed appointment policy** as this time was set aside for you. With less than 24 hours notice, it is difficult for the clinic personnel to contact other patients who wish to be seen. Therefore, failure to comply, **50% of the treatment cost will be billed to you directly and not to your health insurance plan(s)**. This does not apply to situations of inclement weather when you feel it is unsafe to travel to your appointment or communicable illnesses.

In the event of **two (2) missed appointments**, without cancellation, patients will be **discharged** from Osteopathy services

I have reviewed and understood all information on both sides of this form.

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

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## HOW DID YOU CHOOSE US

- Physician Recommendation
- Internet/Google Search
- Family and Friends Recommendation
- Advertising
- Telephone Directory
- Location

Other \_\_\_\_\_

06/2017