

**BACK TO FUNCTION  
26 COLBORNE STREET EAST, ORILLIA ONTARIO**

**PATIENT INFORMATION UPDATE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: Home \_\_\_\_\_ Cell: \_\_\_\_\_  
Business: \_\_\_\_\_

Area of current injury/symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Injury: Yes No

Due to Motor Vehicle Accident: Yes No

Date of Accident or work injury: \_\_\_\_\_

Change in health status since last visit to Back to Function? Yes No  
Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests (x-rays, CT, MRI, diagnostic ultrasound) done for current injury/symptoms:  
Test: Date: Where:

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- I am aware that Back to Function adheres to a privacy policy according to the Personal Information Protection and Electronic Documentation Act (PIPEDA) Yes No  
(our privacy policy is available at the front desk)
  
  - Consent to collect relevant personal/health information Yes No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date