



Participant Intake Form

Last Name:	First Name:	Middle Initial:
Date of Birth: mm/dd/yy	Health Card #:	Male/Female:
Street Address:	City:	Province:
Postal Code:	Home Phone:	Other Phone:
Emergency Contact:	Relationship to You:	Phone:
Physician Name:	Physician Phone:	Living Independently (Y or N):
How did you hear about this program?		

By signing this Intake form, you agree that your information can be collected and maintained privately during the course of the Exercise and Falls Prevention Initiatives,

Participant Signature: _____ Date: _____

Protecting your privacy and personal information is an important part of pt Health’s policies and procedures. We strive to provide quality care and we collect, use, disclose, retain and dispose of your personal information in compliance with federal and provincial privacy legislation and applicable College regulations. We will try to be as open and transparent as possible about the way we handle your personal information. pt Health is a multidisciplinary healthcare provider where the practitioners work together to provide you with complete healthcare. All staff members who come in contact with your personal information have signed a confidentiality form and are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our team is doing to ensure that:

- Only necessary information is collected about you.
- We only share your information with your consent.
- Storage, retention and destruction of your personal information comply with existing provincial and federal legislation, college regulations and privacy protection protocols.