



TELEHEALTH CONSENT FORM

*PLEASE take a moment to complete this Telehealth Consent Form prior to your phone/telehealth consultation. All information is kept completely **confidential** and will go directly to your chart for the practitioner to view.*

First Name: _____ Last Name: _____

Preferred Name: _____ Prefix/Title: _____

Cell: _____ Home: _____

Address: _____
(Street) (City, Province) (Postal Code)

Date of Birth: _____ Gender: _____ Sex: M / F
(DD / MM / YYYY)

Alberta Health Number: _____ Guardian: _____

Occupation: _____ Employer: _____

Emergency Contact Phone: _____ Emergency Contact Name: _____

Emergency Contact Relationship: _____

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Family Doctor: _____

Family Doctor Phone: _____ Family Doctor Email: _____

Name of referring professional: _____

Referring Prof. Phone: _____ Referring Prof. Email: _____

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Are you seeking care due to a motor vehicle collision, work-related injury or WCB claim?

☐ No

☐ Yes

Telehealth Consent Form:

What is your current issue or complaint that needs discussion?

Please rate the severity or intensity of this complaint for you (0 = no pain)?

0	1	2	3	4	5	6	7	8	9	10
No severity/ intensity										Most severe/ intense

Please rate the degree of impact this issue has on your daily activities (0 = no pain)?

0	1	2	3	4	5	6	7	8	9	10
No impact		Mild annoyance			Can Push Through		Dictates what I do			Can't function at all

What are you currently doing to help yourself at home?

Have you ever had Chiropractic care before?

☐ Yes ☐ No

If “Yes”, what type of treatment have you received? (Upper Cervical/NUCCA, traditional segmental, Instrument adjusting, etc)?

Approximately how long ago was your last adjustment?

Other than discussing your chief complaint(s) above, are there any specific questions you'd like to discuss with the doctor?

Communication:

Appointment Notifications and Reminders:

You can opt to receive emails to keep you informed of new bookings, changes to your bookings, and reminders for upcoming appointments.

Email

☐ Email 2 days prior to appointment

Text Message (SMS)

☐ Text Message (SMS) 2 hours prior to appointment

News and Special Promotions

☐ Yes, I would like to receive clinic updates and health and wellness information from the Vibe team of practitioners. This is usually sent on a monthly basis.

Signature: _____ Date: _____