



Address: 480 Huronia Road
Barrie, ON
L4N 6M2

Phone: (705) 737-5097
FAX: (705) 733-8057
Email: admin@mindtomuscle.ca

APPLICATION FOR MIND TO MUSCLE SERVICES:

Please Print Clearly

Date: / /
 D M Y

Client Information

First Name: _____ Last Name: _____

Street: _____ Appt. #: _____

City: _____ Prov.: _____ Postal Code: _____

Phone #: () _____ Cell.#: () _____

Bus#: () _____ Email: _____

DOB: (D)____(M)____(Y)____

How Did You Hear About Us? _____

Activity Level

Sports: _____ Position: _____

Level of Competition: _____ (ie: Rec., 'A', 'AAA', Jr. etc.)

Team: _____ Coach: _____

Employment Information

Employer/School: _____ Employment Status: _____

Occupation: _____ Job Title: _____

Medical/Injury Background

Family Physician: _____

Medical Injuries/Conditions/Allergies: _____

Current Medications: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone #: () _____ Bus. Phone#: () _____

Under the age of 18

Parent's names: _____



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Client Consent Waiver

NOTE TO CLIENT

We want your informed consent. This means that we want you to understand the services we hope to provide to you, the cost involved, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR THE COST OF OUR SERVICES

4x/week= \$12/session
3x/week= \$15/session
2x/week= \$20/session
1x/week= \$22/session

Athletic Therapy Clients = \$30/session
HP: High Performance Program = \$35/session
PR: Post Rehab = \$35/session

CONSENT FOR PERSONAL INFORMATION

I understand that to provide me with Health Professional Services, Mind to Muscle will collect some personal information about me (e.g., telephone number, address, gender, health history).

I am aware that Mind to Muscle has a Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policies and they have been answered to my satisfaction.

I understand and give my consent **(Please tick box(es) for consent)**

- I authorize and direct Mind to Muscle to release to my: Physician, Insurance Company, Rehab Worker, WSIB, Employer, DVA, Lawyers or their representative, or other Health Care Providers – medical reports, x-rays and any other information as requested.
- I might receive notice of educational information, promotions and special offers, and/or newsletters from Sports Medicine and Rehabilitation Centres when they think it might be of interest to me.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Mind to Muscle collecting, using and disclosing personal information about me as set out above and in the Mind to Muscle Privacy Policy.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ WITNESS SIGNATURE _____

NOTES MADE BY Grey-Simcoe Sports Medicine and Rehabilitation Centre