VOR Vestibular & Orthopaedic Rehabilitation
55 Erb Street East, Unit 303, Waterloo ON N2J 4K8
Ph: 519-208-0150 | Fx: 226-647-1905

CLIENT INFORMATION

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL. # (Home): _____ (Work): _____ (Cell): _____

OCCUPATION: _____ BIRTHDATE: _____
(mandatory) dd / mm / yyyy

E-MAIL ADDRESS: _____

☐ I consent to having VOR contact me for appointment reminders and appropriate correspondence

EMERGENCY CONTACT (required)

NAME: _____ PHONE #: _____
(Relationship)

REFERRING HEALTH CARE PROFESSIONAL

NAME: _____ PHONE #: _____

FAMILY PHYSICIAN

NAME: _____ PHONE #: _____

Current Medications (please list): _____
_____
_____

Have you ever experienced or are you currently experiencing any of the following:

☐ Asthma / Breathing difficulties ☐ Stroke
☐ Diabetes ☐ High blood pressure ☐ Epilepsy
☐ Heart disease/Heart attacks ☐ Depression/ Anxiety ☐ Cancer
☐ Pacemaker ☐ Migraines/chronic headaches ☐ Concussion

Are you currently pregnant? ☐ Yes ☐ No

Previous surgeries _____
_____

Are there any other conditions that your family physician follows on a regular basis: _____
_____
_____