

## **UNIVERSAL HEALTH & REHABILITATION, PC**

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www.Pain-drs.com

"YOUR MULTIDISCIPLINARY HEALTHCARE SOLUTION"

New Patient Intake Form:	Date:
Name	Date of Birth Age
Address Apt:	City
Province Pos	tal Code
Email	Telephone Home
Emergency Contact	
PLEASE CHECK THE BOX THE BEST APPLIES	
Minor Single Married Divorced	Widow Marital Status
Male Female	Gender
Car Accident   Work Accident   Pain	、 、
Previous Treatment Experience	
Have you been treated by another doctor for this condition?	
Doctors Name Clinic Name	Phone
Did this treatment help?	
Have you seen a Chiropractor before?	
FAMILY DOCTOR	
Who is your Family Doctor?	Tel:
Address: Would you like us to provide your MD with information	regarding your health? [] Yes [] No
Who can we Thank for the Referral	
Name: Tel:	Other:
Universal Health & Rehabilitation 28 Finch Avenue West, Suite 212, Toronto Ontario M2N2G7 1	

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