



TORONTO POLY CLINIC

Multidisciplinary Pain Management

4 & 6 Finch Ave West, Toronto ON, M2N 6L1
T (416) 250-7171 | F (416) 250-0323
reception@tpclinic.com

Date: _____

Patient Information Form

Patient Info

*Health Card _____ *VC _____ *D.O.B _____ Gender: M F

*Name _____ *Cell _____ *Alt.Tel. _____

*Address _____ *City _____ ON *PC _____

E-mail: _____ Weight _____ Height _____

Employment: _____ Dominant Hand: Left Right

Emergency Contact _____ Tel. _____

Referring Doctor _____ Tel. _____

Family Doctor _____ Tel. _____

Insurance Information

W.S.I.B. M.V.A Group/Private Insurance _____

Company Name: _____ Tel. _____ Fax _____

Address: _____ City _____ ON PC _____

Plan #: _____ Policy #: _____ Claim #: _____ Certificate #: _____

Policy Holder Name: _____ Adjuster Name: _____

Employed On Disability Student Retired

M.V.A. Date: _____

Work Injury Date: _____

Slip and Fall Accident Date: _____

Ontario Disability Support Program (ODSP) _____

Extended Health Care Benefits _____

Lawyer's Name: _____ Tel. _____



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PATIENT CONSENT FORM

Consent to Collection, Use and Disclosure of Personal Information.

Privacy of your personal information is an important part of our clinic providing you with quality medical care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients.

In this office, Dr. Kevin Rod acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information. We have outlined below what our office 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 complies with existing legislation, and privacy protection protocols.
- Our privacy protocols comply with privacy legislation.

Do not hesitate to discuss our policies with any member of our staff. Please be assured that every staff member in our facility is committed to ensuring that you receive the best quality medical care. This facility will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality service
- to assess your health needs
- to provide health care
- to advise you of treatment options
- to establish and maintain communication with you and to enable us to contact you
- to offer and provide treatment, care, and services in relationship to physical health
- to communicate with other treating health care providers, including specialists
- to allow us to maintain communication and contact with you to distribute health care information as well as to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit insurance claims for third party adjudication and payment
- to comply with legal and regulatory requirements
- to invoice goods and services
- to assist this clinic to comply with all regulatory requirements
- to comply generally with the law

By signing the consent section of the Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the **Regulated Health Professions Act (RHPA)** for legal issues.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

I have reviewed the above information that explains how your facility will use my personal information, and the steps your clinic is taking to protect my information. I know that your facility has a Privacy Code, and I can ask to see the Code at any time.

I hereby agree and understand that Toronto Poly Clinic can collect, use and disclose personal information about _____ as set out in the information above.

Print Full Name

Signature

Date

Signature of Witness



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CANCELLATION POLICY

This page will be put in your chart.

Dear Patient of Toronto Poly Clinic

It is and has always been our clinic policy to charge a fee for appointments that have **NOT** been cancelled 48 hours before your scheduled appointment. Please note that the fee for not showing up to your appointment or not cancelling 48 hours in advance of your appointment is \$30.00.

You will be given ONE missed appointment grace and the next missed appointment you will be charged. This policy will be **STRICTLY** enforced and payment will be due upon your next scheduled appointment. As well, if appointments are missed on a regular basis, your future appointments will, unfortunately, have to be cancelled as other patients are on a waiting list for treatment.

Your appointment is specifically booked for you and if you fail to attend your appointment, other patients suffer.

Please remember to call us 48 hours in advance at **(416) 250-7171** or email us at **reception@tpclinic.com** if you are unable to attend your scheduled appointment.

By signing below, I declare that I understand the Cancellation Policy at Toronto Poly Clinic.

Patient's Name

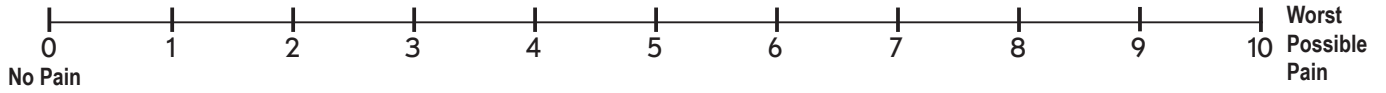
Patient's Signature

Date

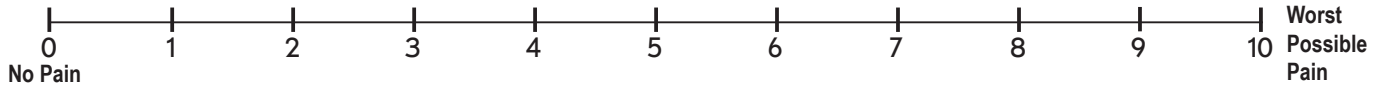
Witness' Signature

Please mark an "X" along the line to show how intense your pain problem is during the past week.

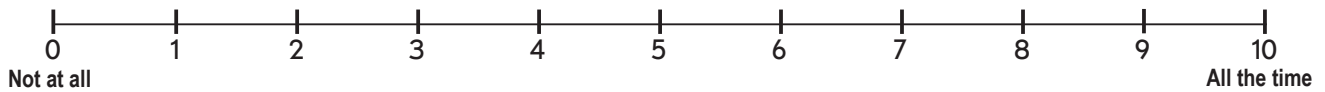
1) How bad is your pain?



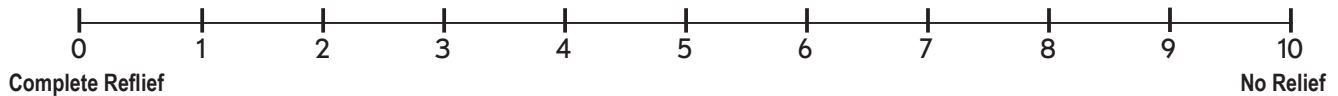
2) How bad is your pain at night?



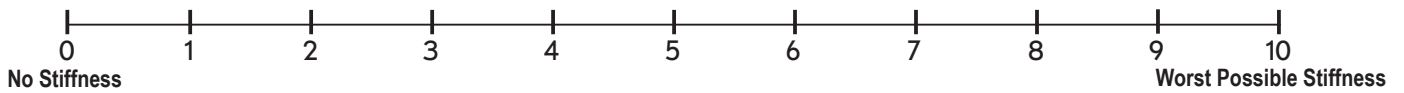
3) Does the pain interfere with your lifestyle?



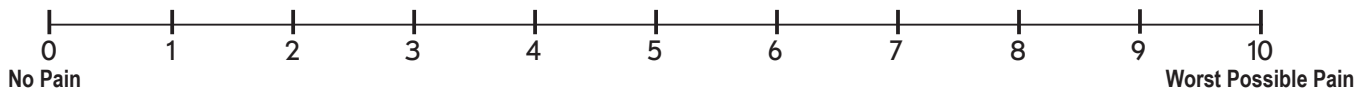
4) How good are pain killers for your pain?



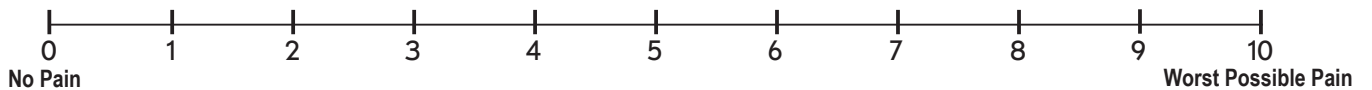
5) How stiff is your injured area?



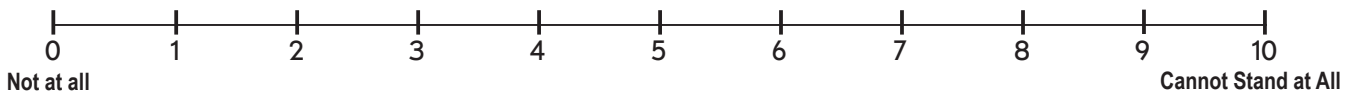
6) Does your pain interfere with walking?



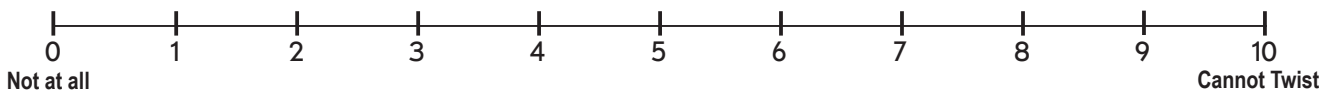
7) Do you hurt when walking?



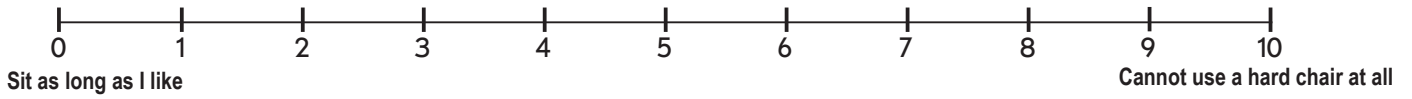
8) Does your pain keep you from standing still?



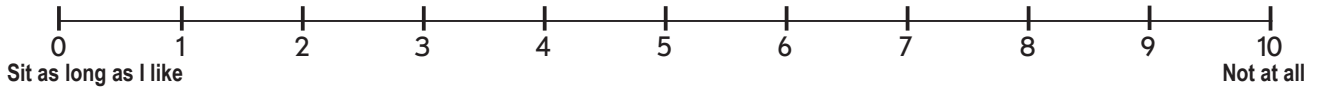
9) Does your pain keep you from twisting?



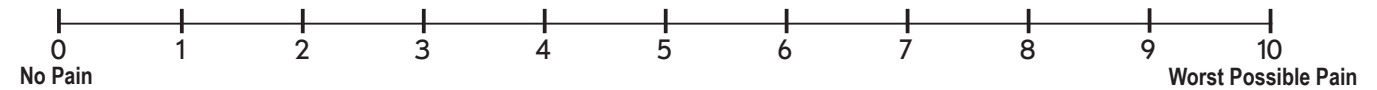
10) Does your pain allow you to sit in an upright chair?



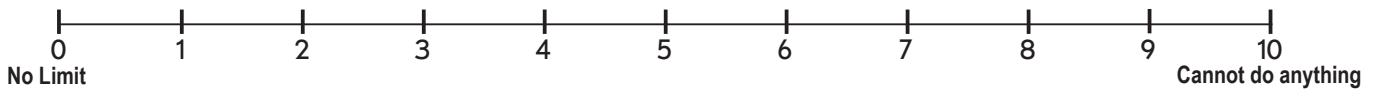
11) Does your pain allow you to sit in a soft arm chair?



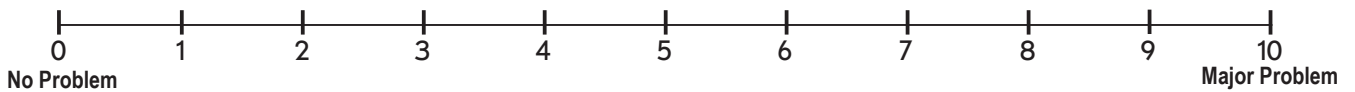
12) Does your injured body part hurt when lying in bed?



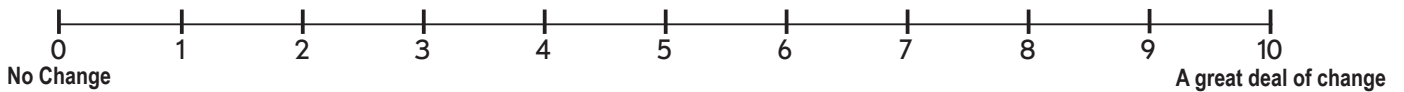
13) How much does your pain limit your normal lifestyle?



14) Does your pain interfere with your activities of daily living or work?



15) How much have you had to change your home or workplace activities because of pain?



TOTAL MVAs score (out of 150) _____

BECK DEPRESSION INVENTORY

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Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the **PAST FEW DAYS**. Please put a **"X"** beside the number your choice.

A	0	I do not feel sad.
	1	I feel sad.
	2	I am sad all the time and I can't snap out of it.
	3	I am so sad or unhappy that I can't stand it.

G	0	I don't cry anymore than usual.
	1	I cry more than I used to.
	2	I cry all the time now.
	3	I used to be able to cry, but now I can't cry even though I want to.

B	0	I am not particularly discourage about the future.
	1	I feel discourage about the future.
	2	I feel like I have nothing to look forward to.
	3	I feel like the future is hopeless and that things cannot improve.

H	0	I am no more irritated by things than I ever am.
	1	I am slightly more irritated now than usual.
	2	I am quite annoyed or irritated a good deal of the time.
	3	I feel irritated all the time now.

C	0	I do not feel like a failure.
	1	I feel like I have failed more than the average person.
	2	As I look back on my life, all I can see is a lot of failure.
	3	I feel I am a complete failure as a person.

I	0	I don't feel particularly guilty.
	1	I feel guilty a good part of the time.
	2	I feel guilty most of the time.
	3	I feel guilty all the time.

D	0	I get as much satisfaction out of things as I used to.
	1	I don't enjoy things as I used to.
	2	I don't get any real satisfaction out of things anymore.
	3	I am dissatisfied or bored with everything.

J	0	I don't feel feel I am being punished.
	1	I feel I may be punished.
	2	I expect to be punished.
	3	I feel I am being punished.

E	0	I don't feel I am any worst than anybody else.
	1	I am critical of myself for my weakness or mistakes.
	2	I blame myself all the time for my faults.
	3	I blame myself for everything bad that happens.

K	0	I don't feel disappointed in myself.
	1	I am disappointed in myself.
	2	I am disgusted in myself.
	3	I hate myself.

F	0	I don't have any thoughts of killing myself.
	1	I have thoughts of killing myself, but I would not carry them out.
	2	I would like to kill myself.
	3	I would kill myself if I had the chance.

L	0	I can work as well as before.
	1	It takes an extra effort to get started at doing something.
	2	I have to push myself very hard to do anything.
	3	I can't do work at all.

M	0	I can sleep as well as usual.
	1	I don't sleep as well as I used to.
	2	I wake up 12 hrs earlier than usual and find it hard to get back to sleep.
	3	I wake up several hours earlier than I used to and cannot go back to sleep.

Q	0	My appetite is no worse than usual.
	1	My appetite is not as good as it used to be.
	2	My appetite is much worse now.
	3	I have no appetite at all anymore.

N	0	I don't get more tired than usual.
	1	I get tired more easily than I used to.
	2	I get tired from doing almost anything.
	3	I am too tired to do anything.

R	0	I haven't lost much weight, if any, lately.
	1	I have lost more than 5 pounds.
	2	I have lost more than 10 pounds.
	3	I have lost more than 15 pounds.

O	0	I have not lost interest in other people.
	1	I am less interested in other people than I used to be.
	2	I have lost most of my interest in other people.
	3	I have lost all of my interest in other people.

S	0	I am no more worried about my health than usual.
	1	I am worried about physical problems: aches and pains, upset stomach, or constipation.
	2	I am very worried about physical problems, and it's hard to think about much else.
	3	I am so worried about my physical problems that I cannot think about anything else.

P	0	I make decisions as well as I ever could.
	1	I put off making decisions more than I used to.
	2	I have greater difficulty in making decision than before.
	3	I can't make decisions at all anymore.

T	0	I have not noticed any recent change in my interest in sex.
	1	I am less interested in sex than I used to be.
	2	I am much less interested in sex now.
	3	I have lost interest in sex completely.

*(Score 0 if you have been purposely trying to lose weight)

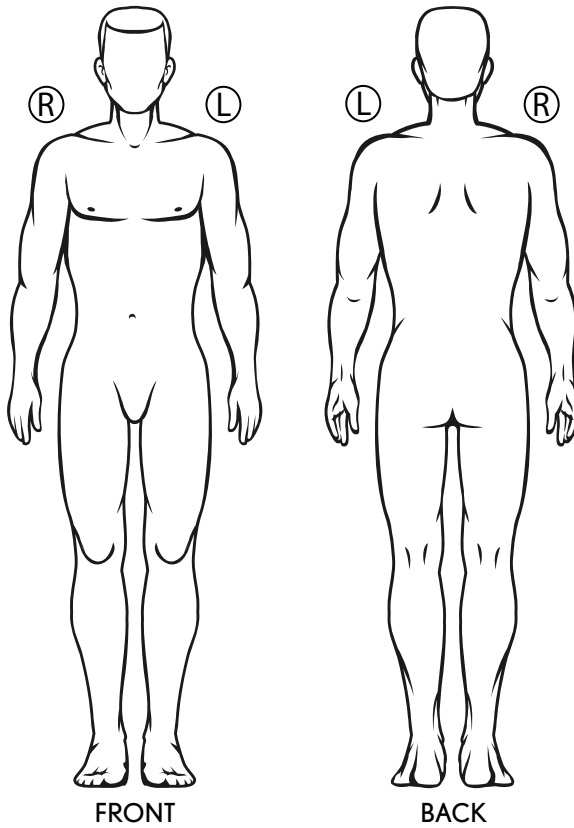
SCORING

- 1 - 10 The ups and downs are considered normal
- 11 - 16 Mild mood disturbance
- 17 - 20 Borderline clinical depression
- 21 - 30 Moderate depression
- 31 - 40 Severe depression
- Over 40 Extreme depression

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BRIEF PAIN INVENTORY

Put an 'X' on your area(s) of pain.



What things make your pain **feel worse**? _____

What things make your pain **feel better**? _____

What **treatments** or **medications** are you currently receiving for your pain? _____

Please use this space to describe your condition further, if needed. _____



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Pharmacy Information

Pharmacy Name: _____

Address: _____

Phone #: _____

Fax #: _____

Consent for Virtual Care and Electronic Communication

Our clinic uses virtual care technology to communicate with patients, including video visits, audio calls, and secure messaging. The information exchanged with these tools may be confidential and personal in nature. We are very careful on our end to keep the information confidential.

Just like online shopping or email, virtual care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed.

We want to make sure you understand this before we proceed with providing virtual care. In order to improve privacy and confidentiality, you should also take steps prior to participating in a virtual care encounter to ensure you are within a private setting.

You should not use an employer's or someone else's computer/device as they may be able to access your information.

You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed.

If you would like more information, please call 416-250-7171.

By signing this form, you also consent to communicate electronically with our clinic via email, social media, text messaging, our website, or video/telephone conferencing.

Patient name: _____

Patient email: _____

Patient signature: _____

Witness signature: _____

Date: _____