THREESIXTY°
PHYSIOTHERAPY

OC Basketball - Athlete Intake Form

Please complete all sections as accurately as possible. This information is used for treatment planning, emergency response, and insurance billing.

1. ATHLETE & TEAM INFORMATION

Legal First Name	Legal Last Name	Preferred Name
Date of Birth (MM/DD/YYYY)	Sex Assigned at Birth	Gender (if different)
University / College	Team (Men's / Women's Basketball)	Jersey #
Position	Year (Fr/So/Jr/Sr/Grad)	Dominant Hand
Height	Weight	Head Athletic Trainer / Coach Contact

2. CONTACT INFORMATION

Mobile Phone	Email Address	
Home / Mailing Address		
City	Province / State	Postal / ZIP Code

Emergency Contact

Emergency Contact Name	Relationship to Athlete	Phone Number
Secondary Emergency Contact Name	Relationship to Athlete	Phone Number

308-3330 Richter St.
Kelowna, BC V1W 4V5

778.484.0360
1.778.404.7000*
(*Dial 1 before fax number)

info@threesixtyphysio.ca
threesixtyphysio.ca

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3. INSURANCE INFORMATION

Primary Insurance Provider	Policy / Member ID Number	
Group / Plan Number	Policy Holder Name (if not athlete)	Relationship to Athlete
School / Athletic Department Insurance (if applicable)	Athletic Dept. Policy / Claim #	
Secondary / Supplemental Insurance Provider	Policy / Member ID Number	
Provincial Health Number (e.g., BC MSP) — if applicable		
Billing Contact (athletic dept./insurance office)	Billing Contact Phone / Email	

Please attach a photocopy or photo of the front and back of your insurance card(s), if available.

4. MEDICAL HISTORY

General Health

Family Physician Name	Clinic / Phone Number
Team Physician (if different)	Clinic / Phone Number

☐ **Yes** ☐ **No** Do you have any known drug, food, or environmental allergies?

If yes, please provide details:

☐ **Yes** ☐ **No** Are you currently taking any medications or supplements (including OTC)?

If yes, please provide details:

☐ **Yes** ☐ **No** Do you have a history of asthma or other respiratory conditions?

If yes, please provide details:

☐ **Yes** ☐ **No** Do you have a history of cardiac issues, fainting, or chest pain during exercise?

If yes, please provide details:

☐ **Yes** ☐ **No** Family history of sudden cardiac death or heart disease under age 50?

If yes, please provide details:

☐ **Yes** ☐ **No** Do you have diabetes or any other endocrine condition?

If yes, please provide details:

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☐ **Yes** ☐ **No** Do you have any bleeding disorders or take blood-thinning medication?

If yes, please provide details:

Concussion & Neurological History

☐ **Yes** ☐ **No** Have you ever been diagnosed with a concussion?

If yes, how many, and approximate date(s) of most recent:

☐ **Yes** ☐ **No** Any history of seizures, migraines, or other neurological conditions?

If yes, please provide details:

Orthopedic / Musculoskeletal History

Please check all previous injuries and indicate side (L/R) and approximate year:

☐ Ankle sprain	☐ ACL tear/repair	☐ MCL/LCL injury
☐ Meniscus injury	☐ Patellar tendon (jumper's knee)	☐ Shin splints / stress fracture
☐ Low back injury	☐ Hip/groin strain	☐ Shoulder dislocation/instability
☐ Rotator cuff injury	☐ Finger/hand fracture	☐ Wrist sprain/fracture
☐ Foot fracture	☐ Achilles tendon injury	☐ Hamstring strain
☐ Quad strain	☐ Facial/nasal fracture	☐ Other (specify below)

Details (injury, side, date, treatment received):

☐ **Yes** ☐ **No** Have you had any prior surgeries?

If yes, please provide details:

☐ **Yes** ☐ **No** Are you currently receiving treatment or rehab for any injury?

If yes, please provide details:

Menstrual / Bone Health (if applicable)

☐ **Yes** ☐ **No** Any history of irregular menstrual cycles, amenorrhea, or stress fractures related to bone density?

If yes, please provide details:

5. AUTHORIZATION & CONSENT

I certify that the information provided above is accurate and complete to the best of my knowledge. I authorize ThreeSixty Physiotherapy to share relevant clinical information with my team's athletic training staff, treating physicians, and insurance provider(s) for the purposes of treatment, coordination of care, and claims processing.

Athlete Signature	Date

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