Patient Self-Referral Intake
Arthrosamid – Knee Injections

kinetix Integrated Orthopaedic & Regenerative Medicine

Patient Demographic Information

Please complete the below information and send to HealthPointe Medical Centres via email admin@kinetixmedicine.com and/or call 604-416-0630 if you have any questions. Once Kinetix receives this form, one of our staff will contact you promptly.

Patient Name: *First Name* *Last Name*

Date of Birth: Gender:

Address:

Street Address Line 1:
Address Line 2:
City: Province/State:
Country: Postal Code/Zip Code:

Contact Information:

Home Phone #: Mobile Phone #:
Email Address:

Major Pain Complaint:

How did it happen?

How long have you had this condition:

Other pain complaint(s):

What things make it worse?

What things make it better?

Are you presently taking any prescription medication? Yes ◯ No ◉
Are you presently taking non-prescription/ over the counter medication? Yes ◯ No ◯

How did you hear about Arthrosamid?

Other: