

PATIENT INFORMATION

Place patient label here

Home Phone: _____

Date of Request: D/ M/ Y/ Other Phone: _____

Name: _____ Female Male Date of Birth: D/ M/ Y/

Address: _____ AHC or WCB #: _____

City: _____ Province: _____ Postal Code: _____ **Appt. Date:** D/ M/ Y/ **Time:** _____

HISTORY AND PRESUMPTIVE DIAGNOSIS

FOR REFERRER
 Repeat Visits Requested
 Number of times: _____
 (Limit 4 injections per site per year)

Relevant previous imaging.

THERAPY SITE REQUESTED

SHOULDER

- Subacromial Bursa R L
- Glenohumeral Joint R L
- AC Joint R L
- Biceps Tendon (long head) R L
- Tendon Calcification R L

ELBOW

- Elbow Joint R L
- Lateral Epicondyle R L
- Medial Epicondyle R L
- Olecranon Bursa R L

WRIST & HAND

- Radiocarpal Joint R L
- 1st CMC Joint R L
- Carpal Tunnel R L
- DeQuervain's Tenosynovitis R L
- Trigger Finger R L
- Ganglion Cyst R L
- Other Joint: R L

KNEE

- Knee Joint R L
- Baker's Cyst R L

HIP & PELVIS

- Hip Joint R L
- Greater Trochanteric Bursa R L
- Iliopsoas Bursa R L
- Ischial Bursa R L
- Symphysis Pubis R L

ANKLE & FOOT

- Ankle Joint R L
- Subtalar Joint R L
- 1st MTP Joint R L
- Plantar Fascia R L
- Ganglion Cyst R L
- Morton's Neuroma R L
- Other Joint: R L

OTHER

- Tenotomy R L
Site: _____ (Specify Indication)
- PRP R L
Site: _____ (Specify Indication)
- Other: _____ R L
Site: _____ (Specify Indication)

SPINAL PROCEDURES

SPECT/CT Bone Scan
 (to guide facet injections)

- Step 1:** L1/L2 R L
- Facet Injection** L2/L3 R L
- Step 2:** L3/L4 R L
- Medial Branch Block** L4/L5 R L
- Step 3:** L5/S1 R L
- Radiofrequency Neurotomy** Other: _____ R L

- SI Joint** R L
- Coccyx**

- Selective Nerve Root Block*** L3 R L
 (Transforaminal) L4 R L
 L5 R L
 S1 R L

- Epidural Injection*** L3/L4 R L
 (Interlaminar) L4/L5 R L
 L5/S1 R L
 S1 R L

Other: _____

* MRI required before injection

INJECTION TYPE

Steroid Injection performed unless otherwise indicated

- Viscosupplementation** (Hyaluronic Acid): _____ (Specify Type)
- Prolotherapy** (Fee-for-service)
- PRP** (Platelet Rich Plasma) Injections (Fee-for-service)
- Botox:** _____ (Fee-for-service)



PATIENT INFORMATION

MEDICATIONS

- Coumadin
- Plavix
- Other Blood Thinners: _____

ALLERGIES

- Xylocaine
- Iodinated Contrast
- Other: _____

DIABETIC

REFERRER INFORMATION

Name: _____ Practitioner's ID/Stamp: _____

Copy to: _____

Phone: _____ Fax: _____

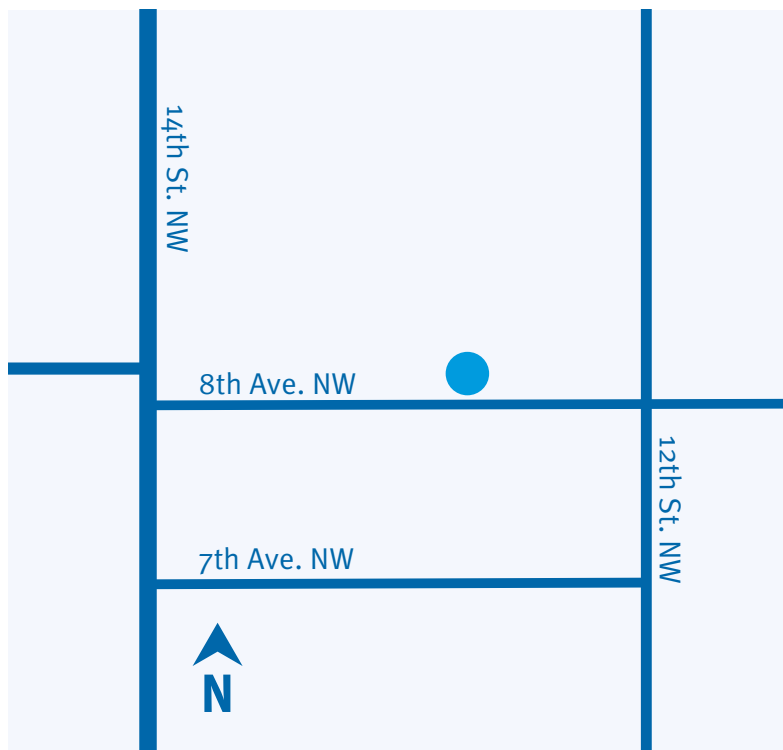
Address: _____ Signature: _____

Patient Instructions

A booking coordinator will contact your patient to schedule their appointment. Pain therapy services are covered by Alberta Health Care (unless indicated).

- Please bring this requisition form to your appointment.
 - **Arrive 15 minutes prior to your appointment.** If you are late, your examination may have to be postponed to a later date.
 - Allow 20–30 minutes for your appointment and wear comfortable clothing.
 - **DO NOT EAT or DRINK** anything for two hours prior to your test. However, if you are an insulin dependent **diabetic**, you may have some juice and/or a small snack after taking your insulin.
 - Continue taking all of your current medications. If you are on **anticoagulant drugs** (Plavix, Coumadin, Warfarin) you may need to have your INR checked and may need to stop your medication prior to the procedure. Our Booking Coordinator will discuss this with you.
 - **ALL INTRA-ARTICULAR MEDICATIONS (CORTICOSTEROID AND LONG-ACTING LOCAL ANAESTHETIC) ARE PROVIDED TO YOU AT YOUR APPOINTMENT.**
- IF YOU ARE PRESCRIBED VISCOSUPPLEMENTATION (EG. HYALURONIC ACID, SYNVISIC, ORTHOVISC, ETC.), WE OFFER SOME AT DIRECT COST AT OUR FACILITY. OTHERWISE PLEASE BRING THIS MEDICATION WITH YOU TO YOUR APPOINTMENT.**
- If possible, please **have someone accompany you on the day of your test.** In case you have any discomfort, it may be more convenient to have someone else drive you home. Selective Nerve Root Block and Epidural Injection patients must have a driver.
 - X-Rays may be taken prior to the injection.
 - Patients are allowed to leave after their exam with no recuperation time required. **Exception:** Selective Nerve Root Block and Epidural Injection patients will require an additional 15–30 minutes recovery after the procedure.
 - Please do not hesitate to contact us if you have any questions about these procedures.
 - Please do not bring children who require supervision to your appointment.

LOCATION



#200, 1402 8 Avenue
Calgary, AB T2N 1B9

Phone: 403.984.5470
Fax: 403.984.5469