

7722 Elbow Drive SW | Calgary, AB T2V 1K2 | Phone (403) 243-8118 Fax 403-212-0880

## REQUISITION

### Patient Information Place patient label here

Date of Referral DD MM YY

Name \_\_\_\_\_  
 DOB DD MM YY  Male  Female  Non-Specified  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 AHC# \_\_\_\_\_  
 WCB# \_\_\_\_\_

### PATIENT HISTORY

Consultation & Procedure  Acute <8wks  Procedure (Consultation PRN)

Imaging Completed / Dates  
 X-Ray \_\_\_\_\_ Ultrasound \_\_\_\_\_ MRI \_\_\_\_\_

### MEDICATIONS, ANTICOAGULATION & ALLERGIES

Medications Please Specify or Attach List \_\_\_\_\_

Anticoagulation  Y  N Type \_\_\_\_\_

| Allergies                     |   |   | Additional Information |   |   |
|-------------------------------|---|---|------------------------|---|---|
| X-ray contrast / Iodine Latex | Y | N | Diabetes               | Y | N |
| Corticosteroids               | Y | N | Pregnant Breastfeeding | Y | N |
| Other _____                   |   |   | Other                  | Y | N |

### MSK PROCEDURES

#### Shoulder

Subacromial Bursa L  R   
 Glenohumeral Joint L  R   
 Acromioclavicular Joint L  R   
 Biceps Tendon (Long Head) L  R

#### Elbow

Elbow Joint L  R   
 Lateral Epicondyle (Extensor Tendon) L  R   
 Medial Epicondyle (Flexor Tendon) L  R   
 Olecranon Bursa L  R

#### Wrist & Hand

Radiocarpal Joint 1st L  R   
 CMC Joint L  R   
 Carpal Tunnel L  R   
 Trigger Finger L  R   
 Cyst +/- Aspiration L  R

#### Hip & Pelvis

Hip Joint SI Joint L  R   
 Greater Trochanteric Bursa L  R   
 Iliopsoas Bursa  Ischial Bursa L  R   
 Pubic Symphysis L  R

#### Knee

Knee Joint L  R   
 Bursa (Specify) \_\_\_\_\_ L  R   
 Baker's Cyst +/- Aspiration L  R

#### Ankle & Foot

Tibiotalar Joint L  R   
 Subtalar Joint L  R   
 Talonavicular Joint L  R   
 Calcaneocuboid Joint L  R   
 1st MTP Joint L  R   
 Retrocalcaneal Bursa/Achilles Tendon L  R   
 Tendon Sheath (Specify) \_\_\_\_\_ L  R   
 Plantar Fasciitis L  R   
 Ganglion Cyst L  R

### HEAD AND NECK PROCEDURES

#### Headache

Temporomandibular Joint L  R   
 Occipital Nerve Blocks for Headache  
 Botox for Chronic Migraine  
 VYEPI Infusion

### OTHER JOINT / TENDON / BURSA

Specify \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### INJECTION TYPE

|                         |                            |
|-------------------------|----------------------------|
| Anaesthetic Only        | Platelet-Rich-Plasma (PRP) |
| Botox                   | Prolotherapy               |
| Corticosteroids         | Viscosupplement for Joint  |
| Trigger Point Injection | Viscosupplement for Tendon |
| Other _____             |                            |
| Iron Infusion           |                            |
| Dose/Session _____      |                            |
| #of Sessions _____      |                            |

### OTHER REFERRALS

#### Advanced Treatments

Emsella (Pelvic floor)  
 Shockwave Therapy  
 High Intensity Laser

#### Women's Health

Menopause Consult  
 IUD (Insertion/Removal)  
 PAP  
 Endometrial Biopsy  
 Cervical Polyp Removal

#### Advanced Weight Management

Physician-Directed Weight Management

### REFERRER INFORMATION

Name: \_\_\_\_\_ Prac ID: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Copy to: \_\_\_\_\_

### PHYSICIAN STAMP

STEP 1

STEP 2

STEP 3

STEP 5

STEP 4