

Fax referral to 403-341-6990

Musculoskeletal Care Clinic Referral

Please use this Central Intake Form for all **NON-SURGICAL** MSK referrals, including **MSK assessments, fluoroscopic / ultrasound guided injection therapy and radiofrequency ablation.**

Patient Demographics (may attach label)

Last Name:

First Name:

Address:

City:

Province:

Postal Code:

Ph#(H):

Email:

DOB:

Ph#(C):

PHN:

Referring Clinician Information (may stamp)

Clinician Name:

PRACID:

Address:

City:

Province:

Postal Code:

Phone:

Email:

Fax:

Reason for referral:

Previous treatment

- Physiotherapy
- Oral NSAIDS
- Brace

Injection therapy:

- Corticosteroid
- Viscosupplementation
- Platelet-rich Plasma (PRP)
- Other:

Diagnosis

Clinical History

Available Imaging

Is this related to a WCB injury/claim?
 If yes, please list any relevant details:
 -WCB claim#: _____
 -Date of injury: _____

Is this related to a MVA?
 Any active mental health issues?
 Any history of substance abuse?
 Any form of income support?
 (i.e. AISH, disability benefits, etc....)

Are you able to maintain a narcotic RX?

YES

Next Available Physician or Dr: _____

If accepted, this referral will be triaged by a qualified physician without bias to treatment. A focused musculoskeletal assessment will be conducted before injection. An alternate treatment may be proposed, including follow-up consultation.

The Approach:

1. Consultation and Assessment



2. The Most Appropriate Treatment



3. Follow-Up



Thank you for your referral. Please note, in the interest of patient safety and to improve clinical outcomes, a requested procedure may be altered, postponed and/or cancelled for the following reasons:

Needle Placement

- Skin lesion and/or breakdown over the targeted injection location
- Recent local, remote and/or systemic infection
- Patient unable to tolerate procedure
- Uncontrolled bleeding disorder

Cortisone Injection

- Recent cortisone injection within < 3 months in the same location
- Any recent surgery within < 6 weeks prior and/or after injection
- A scheduled surgery within < 3 months in the same location
- Surgical hardware in the same anatomical location
- Uncontrolled blood pressure or blood sugar
- Immunocompromised patient
- Pregnancy

Platelet Rich Plasma (PRP) Injection and/or Needle Tenotomy

- Enrollment with our physiotherapy is required prior to Needle Tenotomy
- Recent cortisone injection within < 3 months in the same location
- Recent cortisone injection within < 6 weeks in any other location
- Use of nonsteroidal anti-inflammatory drugs within < 2 weeks
- Use of CBD oil/Medical Marijuana within < 2 weeks

Others

- An alternative diagnosis or lack of confirmed diagnosis on assessment
- Prior no relief, allergic reactions, or side effects to the same procedure