SPORT INJURY REFERRAL FORM

QUICK ACCESS FOR ACUTE MSK INJURIES OCCURRING *WITHIN THE PAST 8 WEEKS*

FAX REFERRALS TO
403-351-8882

VIVO CURA health

MULTIDISCIPLINARY MANAGEMENT OF
ACUTE AND CHRONIC MSK CONDITIONS
Sport and Physical Medicine | Image-Guided Interventions
Physiotherapy

PATIENT INFORMATION

NAME: _____ GENDER: _____

DOB DD/MM/YYYY: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

_____

CITY: _____ PROV: _____ PC: _____

PHN: _____ WCB #: _____

REFERRING CLINICIAN *(MAY STAMP)*

CLINIC NAME: _____

PHONE #: _____ FAX #: _____

REFERRING CLINICIAN: _____

PRAC ID: _____

ADDRESS: _____

CITY: _____ PROV: _____ PC: _____

ADDITIONAL COPIES TO: _____

REFERRAL INFORMATION

DATE OF INJURY: _____

Injury must have occurred within the past 8 weeks to be triaged into the Acute Injury Clinic

INDICATE IF ANY OF THE FOLLOWING APPLY

☐ WCB ☐ MVC ☐ Injury occurred 8+ weeks ago

We see the above but may not triage to the Acute Injury Clinic

MECHANISM OF INJURY

LOCATION OF INJURY

R	L	
☐	☐	**SHOULDER**
☐	☐	**ELBOW**
☐	☐	**HAND/WRIST**
☐	☐	**HIP**
☐	☐	**KNEE**
☐	☐	**FOOT/ANKLE**

OTHER: _____

REASON FOR REFERRAL

CLINICAL INFORMATION

Please Include any consultations, imaging reports, relevant history and/or investigations

Every effort will be made to see this patient within 1 week of receipt of referral

If you do not receive a referral acknowledgment within 7 days of issuing the referral, please re-fax.

SIGNATURE: _____

Central: 100-325 Manning Road NE, Calgary
(403) 265-3838

Northwest: #180 - 11300 Rocky Ridge Road, Calgary
(587) 391-4874

(403) 351-8882
info@vivocura.ca