

PATIENT REFERRAL FORM

INTEGRATED MULTIDISCIPLINARY MANAGEMENT OF ACUTE AND CHRONIC MSK CONDITIONS
Comprehensive Assessment | Image-Guided Interventions | Sport Medicine | Physiotherapy



VIVO CURA
health

EMPOWERING PEOPLE IN PAIN TO GET
BACK TO LIVING

**FAX REFERRALS TO
403-351-8882**

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

REASON FOR REFERRAL OR SUSPECTED DIAGNOSIS

PRIORITY Routine Urgent
If urgent, please justify

CLINICAL INFORMATION *Include any consultations, imaging reports, relevant history and/or investigations*

SERVICES REQUESTED

- PERIPHERAL JOINT CLINIC** - For patients with problems with the shoulder, elbow, hand/wrist, hip, knee or foot/ankle including osteoarthritis; rotator cuff syndrome; tennis or golfers elbow; DeQuervain's tenosynovitis; trigger finger or trigger thumb; greater trochanter pain syndrome; adductor tendinitis; hamstring tendinitis; quadriceps or patellar tendinitis; Achilles tendinitis
- ACUTE INJURY CLINIC** - For patients that have experienced a peripheral injury or concussion within the past 4 weeks that need to be seen urgently. The target is to see acute injury patients within 1 week of referral.
- SPINE CLINIC** - For patients with spine conditions such as cervical, thoracic, lumbar or SI joint pain; sciatica; cervical radiculopathy; spinal stenosis
- MVC CLINIC** - For patients with musculoskeletal injuries resulting from a motor-vehicle collision
- ORTHOBIOLOGIC CLINIC** - For patients with axial and/or peripheral joint or soft-tissue conditions who are interested in cortisone-sparing treatments, like *PRP, with potential anti-inflammatory and regenerative characteristics
- PHYSIOTHERAPY** - For patients requiring physical rehabilitation for acute or chronic tendon/ligament injuries, simple or complex peripheral joint conditions or lumbopelvic health problems
- OTHER:** _____ *Orthobiologic injections are not covered by public health insurance

ELECTROMYOGRAPHY (EMG)

1. Was symptom onset greater than 6 weeks ago? Yes No
2. Are neurological symptoms worsening rapidly? Yes No
3. Please select your clinical question:

- Carpal Tunnel Syndrome Cervical Radiculopathy Lumbosacral Radiculopathy Brachial Plexopathy Lumbosacral Plexopathy Myopathy
- Polyneuropathy Ulnar Neuropathy Peroneal Neuropathy Other (specify): _____

IMPORTANT: To have your EMG referral processed you must:

- *Detail physical exam findings in the 'CLINICAL INFORMATION' section above
- *Attach previous relevant EMG studies
- *Provide a response to questions 1, 2, and 3 in this section