VIVO CURA health

EMPOWERING PEOPLE IN PAIN TO GET BACK TO LIVING

info@vivocura.ca
(403) 265-3838
(403) 351-8882
www.vivocura.ca
#100 - 325 Manning Road NE
Calgary, AB T2E 2P5

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Name: ____________________
Address: ____________________
City: __________ Province: __________ Postal Code: __________
Date of Birth: D/______ M/______ Y/______ ☐ Female ☐ Male ☐ Other

Appt. Date: D/ M/ Y/ Time:
Date of Request: D/ M/ Y/
Home Phone: ____________________
Other Phone: ____________________
Email: ____________________
AHC#: __________ WCB #: __________

HISTORY AND PRESUMPTIVE DIAGNOSIS

Please provide all relevant information.

PATIENT INFORMATION

Medications	Allergies	Medical Conditions
☐ Coumadin	☐ Xylocaine	☐ Diabetes
☐ Plavix	☐ Iodinated Contrast	☐ Osteoporosis / Osteopenia
☐ Other Blood Thinners: __________	☐ Other: __________	☐ Other: __________

PROCEDURE REQUEST

☐ **PRE-PROCEDURE ASSESSMENT** *If checked, we will review prior imaging and suggest appropriate procedure.*

☐ **REPEAT PROCEDURE** Number of Repeats/Year: __________

SPINE PROCEDURES: JOINT

☐ **Injection (Intra-articular)** **OR** ☐ **Medial Block Branch (MBB)** **OR** ☐ **Radiofrequency Ablation (RFA)***

Cervical
Specify Level: ______ ☐ R ☐ L

Thoracic
Specify Level: ______ ☐ R ☐ L

Lumbosacral
- L1/L2 ☐ R ☐ L
- L2/L3 ☐ R ☐ L
- L3/L4 ☐ R ☐ L
- L4/L5 ☐ R ☐ L
- L5/S1: ______ ☐ R ☐ L
- SI Joint ☐ R ☐ L
- Coccyx ☐

SPINE PROCEDURES: NERVES

Selective Nerve Root Block** (Transforaminal)

Cervical
- C5 ☐ R ☐ L
- C6 ☐ R ☐ L
- C7 ☐ R ☐ L
- Other: ______ ☐ R ☐ L

Lumbosacral
- L3 ☐ R ☐ L
- L4 ☐ R ☐ L
- L5 ☐ R ☐ L
- S1: ______ ☐ R ☐ L

Epidural** (Interlaminar)

☐ **Cervical**

Lumbosacral
☐ L3/L4 ☐ L5/S1
☐ L4/L5 ☐ Caudal

☐ **Other** ____________________

* if indicated based on response to MBB ** MRI recommended first

PERIPHERAL PROCEDURES

Knee
- Knee Joint ☐ R ☐ L
- Baker's Cyst ☐ R ☐ L
- Pes Bursa ☐ R ☐ L
- Radiofrequency Ablation † ☐ R ☐ L
- Other: ______ ☐ R ☐ L

Shoulder
- Subacromial Bursa ☐ R ☐ L
- Glenohumeral Joint ☐ R ☐ L
- AC Joint ☐ R ☐ L
- Biceps Tendon ☐ R ☐ L
- Tendon Calcification ☐ R ☐ L
- Other: ______ ☐ 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
- RFA (Hip) † ☐ R ☐ L
- Other: ______ ☐ R ☐ L

Muscle Block
- Piriformis Muscle ☐
- Other ☐

Elbow
- Elbow Joint ☐ R ☐ L
- Lateral Epicondyle ☐ R ☐ L
- Medial Epicondyle ☐ R ☐ L
- Olecranon Bursa ☐ R ☐ L
- Other: ______ ☐ R ☐ L

Wrist & Hand
- Radiocarpal Joint ☐ R ☐ L
- 1st CMC Joint ☐ R ☐ L
- Carpal Tunnel ☐ R ☐ L
- Extensor/DeQuervain's ☐ R ☐ L
- Flexor/Trigger ☐ R ☐ L
- Ganglion Cyst ☐ R ☐ L
- Other: ______ ☐ 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: ______ ☐ R ☐ L

† RFA of the knee and hip are private pay procedures

MEDICATION TO BE INJECTED

☐ **Steroid (Cortisone)** ☐ **Viscosupplementation (Hyaluronic Acid)*** ☐ **Platelet Rich Plasma***

*additional cost to patient

REFERRER INFORMATION

Name: ____________________
Address: ____________________
Phone: __________ Fax: __________
Additional Copies For: ____________________

Practitioner's ID/Stamp:

Signature: ____________________