



VIVO CURA
health

INTEGRATED MULTIDISCIPLINARY MANAGEMENT OF
ACUTE AND CHRONIC MSK CONDITIONS
Sport Medicine and Spine | 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

WORKING DIAGNOSIS

Relevant MRI Completed?

☐ Yes ☐ No ☐ Pending

If yes, date: _____

If yes, anatomical location: _____

Previous EMG/NCS in the Past 12 Months?

☐ Yes ☐ No *Attach previous relevant EMG studies

If yes, please provide electrophysiological diagnosis:

EXAM REQUESTED

CERVICAL RADICULOPATHY

☐ C5 ☐ Left side
☐ C6 ☐ Right side
☐ C7
☐ C8

CARPAL TUNNEL SYNDROME

☐ Left side ☐ Right side

ULNAR NEUROPATHY OF THE ELBOW

☐ Left side ☐ Right side

PERONEAL NEUROPATHY

☐ Left side ☐ Right side

PLEXOPATHY

Affected Area: _____

Etiology:

LUMBAR RADICULOPATHY

☐ L1/2 ☐ Left side
☐ L2/3 ☐ Right side
☐ L4
☐ L5
☐ S1

TARSAL TUNNEL

☐ Left side ☐ Right side

POLYNEUROPATHY

☐ T2DM
☐ Hypothyroid
☐ CKD

OTHER

☐ Please advise:

PHYSICAL EXAM FINDINGS

SENSORY	
MOTOR	
REFLEXES	