

## REQUEST FOR ASSESSMENT – FAX TO (780) 453-9099

<b>Patient Demographics (may attach label)</b> <b>Last Name:</b> <b>First Name:</b> <b>Address:</b> <b>City:</b> <b>Province:</b> <b>Postal Code:</b> <b>DOB:</b> <b>PHN:</b> <b>Ph#(H):</b> <b>Ph#(C):</b> <b>Email:</b>	<b>Referring Clinician Information (may stamp):</b> <b>Clinician Name:</b> <b>PRACID:</b> <b>Address:</b> <b>City:</b> <b>Province:</b> <b>Postal Code:</b> <b>Phone:</b> <b>Fax:</b> <b>Email:</b>
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<b>CLINICAL QUESTION/CONCERN (S)</b>	<b>PHYSICIAN REQUESTED</b> <input type="checkbox"/> <b>NEXT AVAILABLE</b> <input type="checkbox"/> <b>Specific Physician:</b> _____ <input type="checkbox"/> <b>Service(s) Requested:</b> _____  Please see page 2 for list of available services*
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**Pertinent History and Physical Examination:**

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	YES	NO	Please list any relevant details
<b>Is this related to a WCB injury/claim?</b>	<input type="checkbox"/>	<input type="checkbox"/>	WCB claim#: _____
<b>Is this related to a MVA?</b>	<input type="checkbox"/>	<input type="checkbox"/>	Date of injury: _____
<b>Any active mental health issues?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Any history of substance abuse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Any form of income support?</b> (i.e. AISH, disability benefits, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Are you able to maintain a narcotic RX?</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If possible, please provide the following additional information with your referral.

- List of current medications, allergies, other medical conditions and previous surgeries
- Prior Assessments, investigation, treatments, and/or other relevant information to your referral

**An incomplete referral form will be sent back to the referring clinician for completion.**

\* An intake assessment may be required prior to access some of the listed clinic services.

Jamie Irvine

MD FRCPC CIME

Dhiren Naidu

MD FRCPC Dip Sport Med

Sean Gonzales

MD FRCPC

Tien Yen

MD FRCPC

Curtis Hlushak

MBBS MSc FRCPC CIME Dip. Sport Med

Michael Pappachan

MD FRCPC

Abdel Rahman Aly

MBBCh FRCPC CSCN (EMG) RMSK

Michael Knash

MD FRCPC CSCN (EMG)

Darren Gray

MD FRCPC CSCN (EMG)

Robert Hauptman

MD BMSc

Shelby Karpman

BSc MHA MD FCFP Dip Sport Med

Boris Boyko

MD CCFP AAFP Dip Sport Med

Garvin Cheung

MD CCFP

Waill Khalil

MBBCh LMCC

## Specialty Clinics

### Physical Medicine & Rehabilitation Clinic

Acute and chronic musculoskeletal and nerve dysfunction or injury

### General Neurology Clinic

Neurologist

### Spine Pain Clinic

Acute and chronic neck and back pain

### Electromyography & Nerve Conduction Studies

PM&R Specialists & Neurologist

## Interdisciplinary Programs

### Chronic Pain Clinic

Athletic Therapist, Medication Specialist & PMR Specialist

### Trigger Point Clinic

PM&R Specialist & Physiotherapist

### Headache Clinic

PM&R Specialist & Neurologist

### Orthopedic Spine Screening Clinic

Pain Specialist & Spine Surgeon in conference

### Concussion Clinic

PM&R Specialist, Athletic Therapist & Neuropsychologist

### Shoulder Clinic

PM&R Specialist & Athletic Therapist

### Sport & Exercise Medicine Clinic

PM&R Sport Medicine Specialist, Physiotherapist & Athletic Therapist

## Interventional Programs

### Fluoroscopic and Ultrasound Guided Injections

Soft Tissue, Tendon, Ligament, Joints, Spine, Nerve block & hydro-dissection

### Regenerative Injection Therapy Programs

Dry Needling, Tenotomy, Platelet Rich Plasma Therapy & Sclerosing Therapy

## Other Key Services

### Physiotherapy and Rehabilitation

Physiotherapists, Athletic Therapists & Kinesiologists

### Independent Medical Examinations

PM&R Specialists

### Sport Performance

PM&R Sport Medicine Specialist, Physiotherapist & Athletic Therapist

### Functional Capacity Evaluations

Physiotherapist, Athletic Therapist & Kinesiologist

