

Pain, Spine & Sport Medicine

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Rapid Assessment & Intervention Referral Initiative

HealthPointe would like to announce the launch of the ***Rapid Assessment & Intervention Referral*** process in order to **reduce patient wait times**, and allow referring physicians to **refer patients directly** for fluoroscopic and/or ultrasound guided injections and procedures.

PATIENT REFERRAL PROCESS:

Please fill out the attached Referral Form. HealthPointe will strive to see patients referred directly for **fluoroscopic and/or ultrasound guided** procedures within **4-6 weeks** of receiving the referral.

All referrals **MUST** be received via fax or mail. Referral status notification will be sent once the referral has been triaged and processed. If you have any questions or concerns, don't hesitate to contact the office at 780-453-5255.

Please fax referrals to 780-453-9099

Rapid Assessment & Intervention Referral

Patient Demographics (may attach label) Last Name: First Name: Address: City: Province: Postal Code: DOB: PHN: Ph#(H): Ph#(C): Email:	Referring Clinician Information (may stamp): Clinician Name: PRACID: Address: City: Province: Postal Code: Phone: Fax: Email:
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Relevant Diagnosis/History:	<ul style="list-style-type: none"> • Blood thinners Yes <input type="checkbox"/> No <input type="checkbox"/> • Diabetic Yes <input type="checkbox"/> No <input type="checkbox"/> • Osteoporosis Yes <input type="checkbox"/> No <input type="checkbox"/> • Allergies: Contrast <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____ • Pregnant NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <li style="text-align: right;">Date of LMP: _____
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Patient will undergo a comprehensive clinical assessment prior to the procedure and a follow up to guide further management.

PROCEDURE REQUESTED			
<input type="checkbox"/> Steroid Injection*	<input type="checkbox"/> Dextrose/Prolotherapy	<input type="checkbox"/> Calcific Tendon Barbotage	<input type="checkbox"/> Diagnostic/Nerve Block
<input type="checkbox"/> Hyaluronic Acid*	<input type="checkbox"/> Platelet Rich Plasma*	<input type="checkbox"/> Needle Tenotomy/Scraping	<input type="checkbox"/> Radiofrequency Ablation
Shoulder <input type="checkbox"/> Glenohumeral joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> AC joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Subacromial bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Biceps tendon sheaths R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Supraspinatus tendon R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Infraspinatus tendon R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>	Hip & Pelvis <input type="checkbox"/> Hip joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Symphysis pubis R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Iliopsoas bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Trochanteric bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Ischial bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Piriformis muscle R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>	Cervical facet joints <input type="checkbox"/> C2-3 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> C3-4 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> C4-5 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> C5-6 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> C6-7 R <input type="checkbox"/> L <input type="checkbox"/>	Lumbar facet joints <input type="checkbox"/> L2-3 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> L3-4 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> L4-5 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> L5-S1 R <input type="checkbox"/> L <input type="checkbox"/>
Elbow <input type="checkbox"/> Elbow joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Olecranon Bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Lateral epicondylosis R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Medial epicondylosis R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>	Knee <input type="checkbox"/> Knee joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Baker's cyst R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Patellar bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Pes Anserine Bursa R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>	SI joint <input type="checkbox"/> Sacrococcygeal joint <input type="checkbox"/> SI joint R <input type="checkbox"/> L <input type="checkbox"/>	Epidural <input type="checkbox"/> L4-5 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> L5-S1 R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> S1 R <input type="checkbox"/> L <input type="checkbox"/> Other: _____ _____
Wrist & Hand <input type="checkbox"/> Radiocarpal joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> First CMC joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Carpal tunnel R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> De Quervain's R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Trigger finger: _____ R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>	Ankle & Foot <input type="checkbox"/> Tibiotalar joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Subtalar joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> First MTP joint R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Plantar fascia R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Achilles tendon R <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> Other: _____ R <input type="checkbox"/> L <input type="checkbox"/>		

If possible, please provide list of current medications, other medical conditions and previous surgeries

Requested procedure may be cancelled, postponed and/or altered based on the discretion of the interventional team

*Please bring any prescribed joint medication (e.g. Cortisone, Synvisc, Durolane). These products are also available at our clinic at additional cost. Please do not hesitate to contact our clinic if you have any questions.

HealthPointe

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Edmonton, AB T5H4B9

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Facsimile: 780.453.9099

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Please note that in the interest of your safety, the procedure may be cancelled at the discretion of the interventional team for any of the following reasons:

Fluoroscopy (X-ray) / Radiation / X-ray Dye

- o If there is any chance of pregnancy.
- o Allergy to X-ray dye

Needle Placement

- o Recent local, remote and/or systemic infection
- o Skin lesion and/or breakdown over the targeted injection location
- o Uncontrolled blood pressure (SBP > 180 and/or DBP >100)
- o Patient unable to tolerate procedure
- o Uncontrolled bleeding disorder
- o Blood Thinner Medications not held prior to Epidural injection

Diagnostic Block

- o Low Pain Intensity on the day of the procedure (< 5/10)

Cortisone Injection

- o Recent cortisone injection within < 3 months for the same location
- o Surgical hardware in the same location
- o Osteoporosis (low bone mass) and/or recent fracture < 3 months
- o Recent surgery < 6 weeks
- o A scheduled surgery for the same location
- o Immunocompromised patient (reduced ability to fight off infections)

Tendon fenestration and/or PRP injection

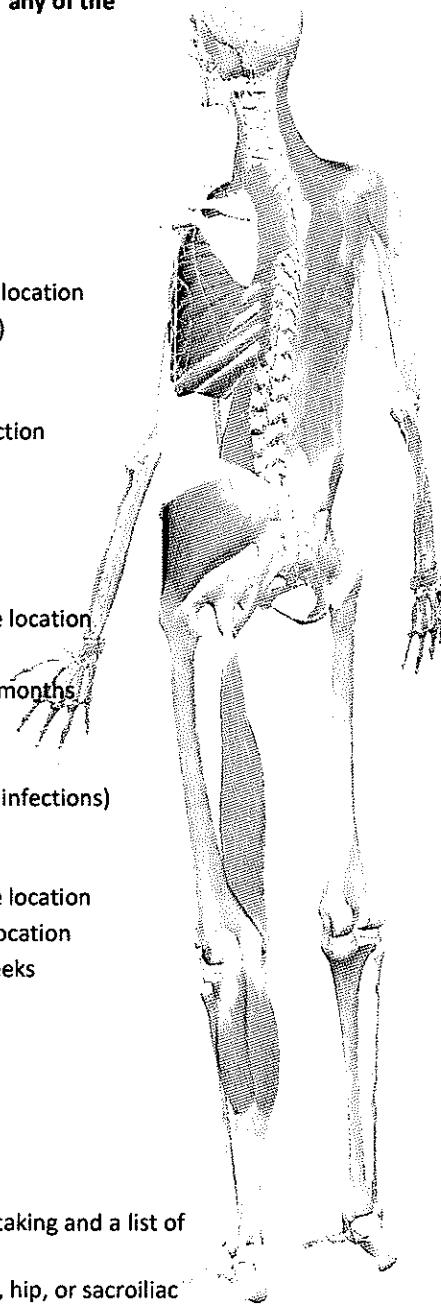
- o Recent cortisone injection within < 3 months for the same location
- o Recent cortisone injection within < 6 weeks in any other location
- o Use of nonsteroidal anti-inflammatory drugs within <2 weeks
- o No pre-procedure physiotherapy assessment

Radiofrequency Ablation

- o Failed response to facet joint medial branch block
- o ICD Pacemaker

- Please bring a list of medication that you are currently taking and a list of medications that you are allergic to.
- Please arrange to have a ride home especially for spine, hip, or sacroiliac joint injection.
- Please do not bring children who requires supervision, as we are unable to look after them.

Please make sure that you review the list above and do not hesitate to contact our clinic if you have any questions.



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