

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

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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CLINICAL QUESTION/CONCERN (S) 	PHYSICIAN REQUESTED <input type="checkbox"/> NEXT AVAILABLE <input type="checkbox"/> Specific Physician: _____ <input type="checkbox"/> Service(s) Requested: _____ Please see page 2 for list of available services*
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Pertinent History and Physical Examination:

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

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Boris Boyko

MD CCFP AAFP Dip Sport Med

Garvin Cheung

MD CCFP

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 (*Sports Related Concussion*)

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

