

## Rapid Assessment & Intervention Referral

<b>Patient Demographics (may attach label)</b>		<b>Referring Clinician Information (may stamp):</b>	
<b>Last Name:</b>		<b>Clinician Name:</b>	
<b>First Name:</b>		<b>PRACID:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>		<b>City:</b>	
<b>Province:</b>	<b>Postal Code:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>DOB:</b>	<b>PHN:</b>	<b>Phone:</b>	
<b>Ph#(H):</b>	<b>Ph#(C):</b>	<b>Fax:</b>	
<b>Email:</b>		<b>Email:</b>	

<b>Relevant Diagnosis/History:</b>	<ul style="list-style-type: none"> <li>• Blood thinners Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Diabetic Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Osteoporosis Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Allergies: Contrast <input type="checkbox"/> Latex <input type="checkbox"/> Other: _____</li> <li>• Pregnant NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>Date of LMP: _____</p>
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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

- Steroid Injection\*   
  Dextrose/Prolotherapy   
  Calcific Tendon Barbotage   
  Diagnostic/Nerve Block  
 Hyaluronic Acid\*   
  Platelet Rich Plasma\*   
  Needle Tenotomy/Scraping   
  Radiofrequency Ablation

#### Shoulder

- Glenohumeral joint R  L   
 AC joint R  L   
 Subacromial bursa R  L   
 Biceps tendon sheaths R  L   
 Supraspinatus tendon R  L   
 Infraspinatus tendon R  L   
 Other: \_\_\_\_\_ R  L

#### Elbow

- Elbow joint R  L   
 Olecranon Bursa R  L   
 Lateral epicondylitis R  L   
 Medial epicondylitis R  L   
 Other: \_\_\_\_\_ R  L

#### Wrist & Hand

- Radiocarpal joint R  L   
 First CMC joint R  L   
 Carpal tunnel R  L   
 De Quervain's R  L   
 Trigger finger: \_\_\_\_\_ R  L   
 Other: \_\_\_\_\_ R  L

#### Hip & Pelvis

- Hip joint R  L   
 Symphysis pubis R  L   
 Iliopsoas bursa R  L   
 Trochanteric bursa R  L   
 Ischial bursa R  L   
 Piriformis muscle R  L   
 Other: \_\_\_\_\_ R  L

#### Knee

- Knee joint R  L   
 Baker's cyst R  L   
 Patellar bursa R  L   
 Pes Anserine Bursa R  L   
 Other: \_\_\_\_\_ R  L

#### Ankle & Foot

- Tibiotalar joint R  L   
 Subtalar joint R  L   
 First MTP joint R  L   
 Plantar fascia R  L   
 Achilles tendon R  L   
 Other: \_\_\_\_\_ R  L

#### Cervical facet joints

- C2-3 R  L   
 C3-4 R  L   
 C4-5 R  L   
 C5-6 R  L   
 C6-7 R  L

#### Lumbar facet joints

- L2-3 R  L   
 L3-4 R  L   
 L4-5 R  L   
 L5-S1 R  L   
 SI joint R  L

#### Sacrococcygeal joint

#### Epidural

- L4-5 R  L   
 L5-S1 R  L   
 S1 R  L

**Other:** \_\_\_\_\_

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.

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)

Shane Hoerber  
MD FRCPC CSCN RMSK Dip. Sport Med

Larry Yang  
MD FRCPC CSCN (EMG)

Shelby Karpman  
BSc MHA MD FCFP Dip Sport Med

Boris Boyko  
MD CCFP AAFP Dip Sport Med

Garvin Cheung  
MD CCFP

John Clarke  
MD CCFP AAFP Dip Sport Med

Adam Keough  
MD CCFP

Tina Khanlarpoor  
MD PM&R Specialist (Iran)

**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**

