#710 Hys Centre, 11010 101 Street
Edmonton, AB T5H 4B9

HealthPointe
Pain, Spine & Sport Medicine

Phone: 780.453.5255
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Rapid Assessment & Intervention Referral

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

Relevant Diagnosis/History:

- Blood thinners Yes ☐ No ☐
- Diabetic Yes ☐ No ☐
- Osteoporosis Yes ☐ No ☐
- Allergies: Contrast ☐ Latex ☐ Other:_____
- Pregnant NA ☐ Yes ☐ No ☐
  Date of LMP:_____

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 epicondylosis R☐ L☐
- ☐ Medial epicondylosis 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.

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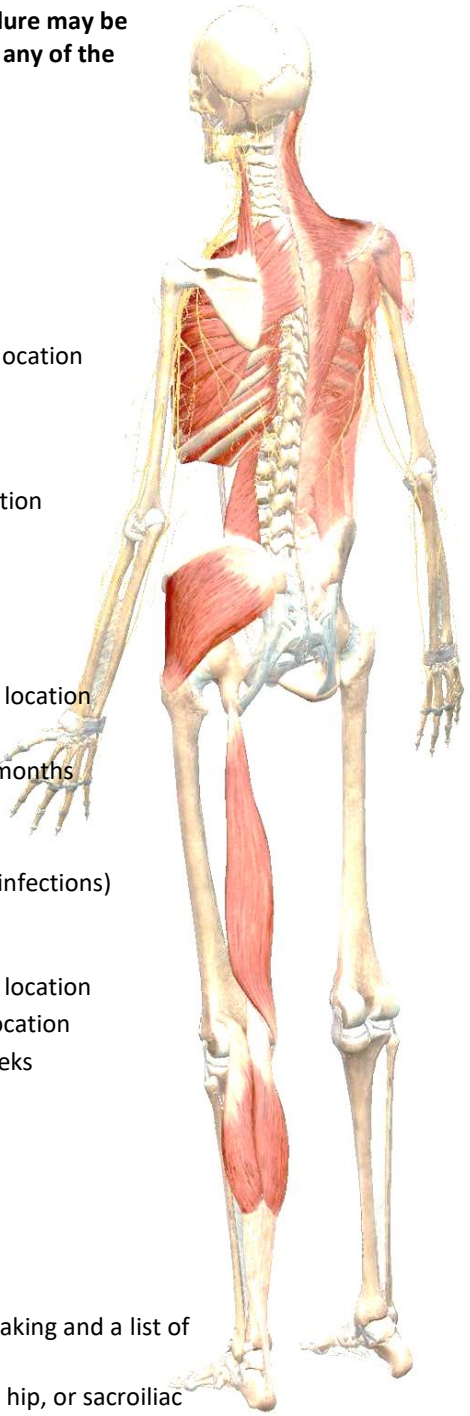
Please note that in the interest of your safety, the procedure may be cancelled at the discretion of the interventional team for any of the following reasons:



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.