

PATIENT INFORMATION

Date of Request	Appointment Date	Today's Date
Name	DOB	AHC#
Address	City/Province	Postal Code
Phone Number	Other Phone Number	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Please Bring your Health Care and ID Cards

FOR REFERRER
 Repeats Required? Yes No
 Number / Year
 (Max four per area per year)

ALLERGIES
 Latex
 Iodine/ Xray Contrast
 Corticosteroids

MEDICATIONS
 Taking blood thinners?
 Type
 Permission by doctor to stop blood thinners for two days prior to injections* (Please attach most recent INR results)

REFERRER INFORMATION

Name	Phone Number	Fax Number
Address	Postal Code	City
CC Copy	Practitioner's ID number	Practitioner's Signature

PAIN THERAPY SITE
SHOULDER
 Glenohumeral Joint R L B
 Hydrodilataion
 (adhesive capsule) R L B
 Biceps Tendon R L B
 AC Joint R L B
 Subacromial Bursa

WRIST & HAND
 Carpal Tunnel R L B
 Wrist Joint R L B
 Ganglion Cyst R L B
 Trigger Finger R L B
 Median Nerve R L B
 1st CMC Joint R L B
 MCP Joint R L B
 De Quervain's
 Tenosynovitis R L B
 Other

SPINE
 Lumbar Facets
 L1 – L2 R L B
 L2 – L3 R L B
 L3 – L4 R L B
 L4 – L5 R L B
 L5 – S1 R L B
 Si Joints R L B
 Coccyx

ELBOW
 Elbow Joint R L B
 Olecranon Bursa
 Aspiration R L B
 Medial Epicondyle R L B
 Lateral Epicondyle R L B

KNEE
 Knee Joint R L B
 Bakers Cyst R L B
 Pes Anserine Bursa R L B
 Suprapatellar Bursa
 Aspiration R L B
 Ischial Bursa R L B
 Viscosupplementation Injection

ANKLE & FOOT
 Ankle Joint
 Plantar Fasciitis R L B
 Retrocalcaneal
 Bursa R L B
 Morton's
 Neuroma R L B
 Intertarsal R L B
 MTP Joint R L B
 Other R L B

PELVIS & HIP
 Hip Joint R L B
 Greater Trochanter
 Bursa R L B

 ASSESS & TREAT
 ANY OTHER INJECTION SITE
SIGNIFICANT CLINICAL HISTORY & DIAGNOSIS

You can fax any requisition and we will contact the patient to book an appointment.

We speak a variety of languages to aid in your booking process.

LOCATION

COLD LAKE:

101, 2012 8th Ave

Cold Lake AB

T9M 1C2

Phone: 1-780-639-0900

Fax: 1-780-639-0900

PATIENT INSTRUCTIONS

General

- We accept patients of all ages
- Please arrive 10 minutes prior to your scheduled appointment time
- You must have your Alberta Health Care card and another form of ID with you (i.e. Driver's License)
- If you need to cancel your appointment, please phone (587) 623-0900
- Please bring an adult to supervise your children

Preparation

Diabetics

There are no food or drink restrictions, please eat and drink as normal.

Medications

If you are prescribed a specific medication for this injection, please get your prescription and bring it with you to your appointment.

Arrange a Driver

For your comfort, you can arrange for a ride to and from your appointment (not required).

