



**PATIENT & APPOINTMENT INFORMATION**

APPT DATE:

CHECK IN TIME:

APPT TIME:

PLACE PATIENT LABEL HERE

Name: \_\_\_\_\_ AHC/WCB #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Gender:  Male  Female  Non-Specified Date of Birth: D / M / Y Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**RELEVANT HISTORY**

ASSESS AND TREAT. PROCEED WITH RADIOLOGISTS RECOMMENDATION

**Multidisciplinary Triage Assessment**  
Patients will be assessed at Access Orthopedic's Macleod Location by our multidisciplinary team and provided with a comprehensive treatment plan, which could include diagnostic imaging, pain management injections, physio, and specialist referral. (i.e. physiatry and surgical)

**PATIENT DETAILS**

WORK UP IMAGING MAY BE REQUIRED

Date of Request: D / M / Y  
Repeat Procedures  YES  NO  
Number Of Times: \_\_\_\_\_  
(Limit 4 injections per site per year)  
**Medications**  
Depo-Medrol   
Kenalog

**FEE-FOR-SERVICE**

**PRP (Platelet Rich Plasma)**  
 **Viscosupplementation**  
*Some brands in stock at location, please ask your booking specialist what is available.*  
 **Other:** \_\_\_\_\_  
Pregnant  YES  NO  
Breastfeeding  YES  NO  
Diabetes  YES  NO

**Allergies**  
Iodinated Contrast  YES  NO  
Latex  YES  NO  
Bupivacaine  YES  NO  
Lidocaine  YES  NO  
Other: \_\_\_\_\_  
Anticoagulation  YES  NO  
Coumadin  YES  NO  
Plavix  YES  NO  
Other: \_\_\_\_\_

**PERIPHERAL PROCEDURES**

**IMPORTANT PATIENT INSTRUCTIONS ON REVERSE**

**Shoulder**  
 Subacromial Bursa  R  L  
 Glenohumeral Joint  R  L  
 Acromioclavicular Joint  R  L  
 Biceps Tendon (Long Head)  R  L  
 Tendon Calcification (Lavage)  R  L  
 Arthrodistalation  R  L  
**Elbow**  
 Elbow Joint  R  L  
 Lateral Epicondylitis  R  L  
 Corticosteroid Injection Only  
 Tenotomy (No Corticosteroid Injection)  
 Medial Epicondylitis  R  L  
 Corticosteroid Injection Only  
 Tenotomy (No Corticosteroid Injection)  
 Olecranon Bursa  R  L  
**Wrist/Hand**  
 Radiocarpal Joint  R  L  
 First CMC Joint  R  L  
 Carpal Tunnel  R  L  
 DeQuervain's Tenosynovitis  R  L  
 Trigger Finger Digit: \_\_\_\_\_  R  L  
 Other Joint: \_\_\_\_\_

**Pelvis**  
 Hip Joint  R  L  
 Piriformis  R  L  
 Greater Trochanteric Bursa  R  L  
 Iliopsoas Bursa  R  L  
 Ischial Bursa  R  L  
 Pubic Symphysis  R  L  
 Coccydynia (Ganglion impar)  R  L  
**Ankle/Foot**  
 Plantar Fascia  R  L  
 Corticosteroid Injection Only  
 Fasciotomy (No Corticosteroid Injection)  
 Morton's Neuroma  R  L  
 First MTP Joint  R  L  
 Retrocalcaneal Bursa  R  L  
 Subtalar Joint  R  L  
 Tibiotalar Joint  R  L  
 Other Joint: \_\_\_\_\_  
**Ganglion Cyst**  
 Ganglion Cyst: \_\_\_\_\_ (Specify Site)  R  L  
 Drainage Only  
 Drainage + Corticosteroid Injection  
**Tenotomy**  
 Site: \_\_\_\_\_  R  L

**Knee**  
 Knee Joint  R  L  
 Pes Anserine Bursa  R  L  
 Baker's Cyst  R  L  
 Drainage Only  
 Drainage + Corticosteroid Injection  
 Effusion  R  L  
 Drainage Only  
 Drainage + Corticosteroid Injection  
**Spinal Procedures** **MACLEOD ONLY**  
 Sacroiliac Joint  R  L  
 Lumbar Facet Joint  R  L  
 L1/L2  R  L  
 L2/L3  R  L  
 L3/L4  R  L  
 L4/L5  R  L  
 L5/S1  R  L  
 Lumbar Nerve Root Block  R  L  
 L1/L2  R  L  
 L2/L3  R  L  
 L3/L4  R  L  
 L4/L5  R  L  
 L5/S1  R  L

**REFERRING PRACTITIONER INFORMATION**

Name: \_\_\_\_\_ Practitioner's ID/Stamp: \_\_\_\_\_  
Copy to: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
 Send images with patient (CD copy) Signature: \_\_\_\_\_

## General Patient Instructions

1. Please bring your Alberta Health Card along with your requisition form to your appointment.
2. Stay on prescribed medications. Diabetics should discuss possible stoppage or reduction of insulin with their physician.
3. Please bring an adult to supervise children.
4. Kindly arrive 15 min before your appointment & call (24 hours prior) if you are unable to keep your appointment at t.
5. If you are late for your appointment, your exam may have to be rescheduled.
6. Please advise us of any mobility limitations and/or any preference of female/male technologist.
7. Please avoid the use of fragrances as other patients may be sensitive.

Pureform Radiology recommends that you arrange transportation to and from your appointment. All procedures have the ability to affect your driving.

If you are having bilateral injections or a lumbar nerve root block procedure, you will require someone to drive you home.

If possible, do not take any extra pain medications on the day of your exam. This allows us to better assess your response to our treatment. However, please do not stop any pain medication that has been prescribed by your doctor without consulting them first.

## Preparation Instructions

Please note, exam preparation is essential in order to complete your exam

### ACHILLES TENOTOMY

You will be required to purchase a walking boot to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will have to wear this walking boot for two weeks post procedure.

### PATELLAR TENOTOMY

You will be required to purchase a hard knee brace to bring with you to the appointment. Failure to do so will result in the appointment being cancelled or rescheduled. You will be required to wear this brace for two weeks post procedure.

### VISCOSUPPLEMENTATION

If your physician has requested this type of treatment you will need a prescription from your doctor. You will need to purchase the medication before your appointment and bring it with you. However, we do have a supply of some brands in stock, which is available for purchase at our locations. Please check with your booking specialist if you have any questions.

Serious complications are extremely rare but can happen. It may be normal to experience increased pain and discomfort for up to 48-72 hours after injection. If you develop a fever/chills or any sign of infection, develop new numbness or weakening in your limbs please contact your doctor immediately. If your doctor is unavailable, proceed directly to the nearest hospital emergency department.

## CALGARY CENTRAL Macleod Location



200 - 3916 Macleod Trail SE T2G 2R5