

**Patient Info** Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

PHN#: \_\_\_\_\_ Weight: \_\_\_\_\_

WCB#: \_\_\_\_\_ Date of injury: \_\_\_\_\_

DOB: DD/MM/YY \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female  Other

Date of requisition: DD/MM/YY \_\_\_\_\_

**Referring Practitioner** Name: \_\_\_\_\_

Clinic name: \_\_\_\_\_

PRAC ID: \_\_\_\_\_

Address: \_\_\_\_\_

Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_

(Signature Required) \_\_\_\_\_

CC Dr: \_\_\_\_\_

CC Fax#: \_\_\_\_\_

**Clinical History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pregnant: Yes  No  |  Pre  Post Op Surgery: \_\_\_\_\_ Date: DD/MM/YY \_\_\_\_\_

**STAT Report Options**

STAT Fax Report

STAT Verbal Report

Send Copy of Images with Patient

**Therapy Choice** \*Corticosteroid unless otherwise specified \*Other therapies available at cost

Cingal  Durolane  Synvisc  Monovisc  SportVis

Other \_\_\_\_\_

Repeats \_\_\_\_\_

\*Number of times per year (Up to 4 per year per site)

(MD initials) \_\_\_\_\_

**Medications**

Blood thinner: \_\_\_\_\_

\*Refer to second page

**Allergies**

Latex  Xray contrast / Dye / Iodine

Local anesthetic  Corticosteroid

## MUSCULOSKELETAL PERIPHERAL PROCEDURES

### Shoulder

- Glenohumeral Joint  R  L
  - Hydrodistention
- Subacromial bursa  R  L
- Acromioclavicular Joint  R  L
- Long Head Biceps Tendon  R  L
- Calcific Barbotage / Lavage  R  L
- Other \_\_\_\_\_  R  L

### Hip & Pelvis

- Hip Joint  R  L
- Greater Trochanteric Bursa  R  L
- Iliopsoas Bursa  R  L
- Ischial bursa  R  L
- Lateral femoral cutaneous nerve  R  L
- Symphysis pubis  R  L
- Piriformis  R  L
- Other \_\_\_\_\_  R  L

### Elbow

- Elbow Joint  R  L
- Lateral Epicondylitis  R  L
- Medial Epicondylitis  R  L
- Olecranon Bursa  R  L
- Other \_\_\_\_\_  R  L

### Ankle & Foot

- Tibiotalar (ankle) Joint  R  L
- Subtalar Joint  R  L
- 1<sup>st</sup> MTP Joint  R  L
- Retrocalcaneal bursa  R  L
- Retro-Achilles bursa  R  L
- Gruberi bursa  R  L
- Plantar fascia  R  L
- Morton's neuroma \*Corticosteroid Injection  R  L
  - Alcohol ablation
- Tendon Sheath \_\_\_\_\_  R  L
- Other \_\_\_\_\_  R  L

### Wrist & Hand

- Radiocarpal Joint  R  L
- 1st CMC Joint  R  L
- Carpal tunnel  R  L
  - Hydrodissection
- Extensor compartment injection
  - 1<sup>st</sup> compartment (De Quervain's tenosynovitis)  R  L
  - Other \_\_\_\_\_  R  L
- Trigger finger \_\_\_\_\_  R  L
- Other \_\_\_\_\_  R  L

### Other

- Ganglion cyst \_\_\_\_\_  R  L
- Tendon sheath \_\_\_\_\_  R  L
- Tenotomy \_\_\_\_\_  R  L
- Peripheral nerve \_\_\_\_\_  R  L
- Headache - greater occipital nerve \_\_\_\_\_  R  L
- Other \_\_\_\_\_  R  L

### Knee

- Knee Joint  R  L
- Baker's cyst aspiration  R  L
  - With corticosteroid injection
- Pes Anserine Bursa  R  L
- Prepatellar Bursa  R  L
- Infrapatellar Bursa  R  L
  - Deep
  - Superficial
- Other \_\_\_\_\_  R  L

## SPINAL PROCEDURES

### Mechanical Pain

- Facet Joint Injection
- MBB/LBB & RFA

### Radicular Pain

- Therapeutic Nerve Block
- \*lumbar transforaminal or cervical trans-facet epidural steroid injection

- CERVICAL**
- R C2 / C3  L
  - R C3 / C4  L
  - R C4 / C5  L
  - R C5 / C6  L
  - R C6 / C7  L
  - R C7 / T1  L



- R C3  L
- R C4  L
- R C5  L
- R C6  L
- R C7  L
- R C8  L

- R  L Specify Facet Level \_\_\_\_\_

- LUMBAR**
- R L1 / L2  L
  - R L2 / L3  L
  - R L3 / L4  L
  - R L4 / L5  L
  - R L5 / S1  L



- R L1  L
- R L2  L
- R L3  L
- R L4  L
- R L5  L

- SACROILIAC**
- R S1  L



- R S1  L

- Pars Interarticularis  R  L

- Lumbar Interlaminar Epidural Steroid Injection
- Caudal Epidural Steroid Injection

**Other**

\_\_\_\_\_

Piriformis Injection  R  L Other

## APPOINTMENT INSTRUCTIONS

- Please bring your photo ID, requisition, and health card to every appointment.
- Arrive 15-20 minutes before your appointment, which may take approximately 20-30 minutes depending on the procedure.
- Please inform our clinic if a patient requires extra assistance (i.e. mobility, communication, etc.).
- Contact our clinic to reschedule your procedure if receiving a vaccination within 2 weeks of your appointment date.
- Corticosteroid injections cannot be performed if you have an active infection. Please contact our clinic to reschedule at least 7 days following your last antibiotic dose and resolution of symptoms.
- Please inform our clinic if you are diabetic. Blood glucose levels will temporarily increase following a corticosteroid injection.
- If your injectable therapy is not covered by AHS, we may be able to provide it to you at cost. Please contact our clinic.

## EXAM PREPARATION

- It is generally recommended to have a driver for all spinal procedures. Please arrange transport accordingly. Most procedures will affect your ability to drive or operate machinery.
- As best tolerated, please avoid or decrease your pain medication on the day of your exam so we may adequately assess your response to treatment.
- A gown will be provided for your procedure. Please wear loose comfortable clothing on the day of the exam. Our cleaning solution may stain your clothes otherwise. Details of your procedure will be explained to you before signing the consent form and any questions will be answered.
- You will be monitored for 5-15 minutes post-procedure to obtain a pain score.
- There will be a small bandage or dressing over the injection site. You may remove this within 12-24 hours. Showering following the procedure is allowed. Do not submerge yourself in water (pool, bath, hot tub, etc.) for 48-72 hours.
- Avoid heavy lifting or strenuous activities for 48-72 hours following your procedure or as advised by your practitioner. Allow one week before resuming physiotherapy.
- Complications or serious side effects are rare. You may experience a normal post-procedure pain flare within 24-48 hours which may last a few days. If more significant symptoms arise, such as unresolving pain, features of an allergic reaction, infectious symptoms (fever, swelling), new neurologic symptoms, or loss of bowel/bladder control, please contact your doctor or present to urgent care/emergency department if symptoms are severe.
- Fasting before your procedure is not required. Please have a small meal before your exam, especially if you are an insulin-dependent diabetic.

## BLOOD THINNERS


- For spinal procedures, please inform us if you are taking blood thinner (anticoagulation) medication at the time of booking. This medication may need to be temporarily halted prior to the procedure in coordination with your doctor.

## PROCEDURES REQUIRING A DRIVER

The following procedures REQUIRE you to have a driver who will transport you to and from the clinic. You will be asked to rebook your procedure if no driver is present:

- Epidural injection
- Nerve root block
- MBB/LBB or RFA
- Any cervical procedure
- SI joint injection
- Muscle or peripheral nerve block

## CONTACT US

 914 Saddletowne Cir. NE Calgary, AB T3J 0H5

 (587) 623-6650

 (587) 623-6561

 [info@saddletownradiology.ca](mailto:info@saddletownradiology.ca)

