kinetix

Kinetix Medicine
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APPT DATE AND TIME

REQUISITION FOR ASSESSMENT ☐

REQUISITION FOR PAIN MANAGEMENT ☐ See Back of Page

MSP COVERED (patient will pay a small fee for prescription medication)

PATIENT / APPOINTMENT INFORMATION

Place Patient Label Here

Name .....
Address .....
Email .....
City ..... Prov ..... Postal Code .....
Home phone ..... Other Phone .....
DOB (mm/dd/yyyy) ..... Sex ☐ Male ☐ Female
PHN or WCB # .....
Accident Date (if applicable) .....

REFERRING PROVIDER

Place Label Here

Name .....
Clinic .....
Phone ..... Fax .....
Copy to DR. .....
Fax Copy to Dr. .....
MSP Number .....
Signature .....

ALLERGIES / MEDICATION / CONTRADICTIONS

☐ Latex ☐ Anticoagulation ☐ Other: .....
☐ ASA ☐ Please Specify: ..... Pregnant: ☐ Yes ☐ No
☐ Contrast .....

REPEATS

☐ Repeat Instructions
☐ Repeat (number / frequency) .....

1 - **ASSESSMENT** - SERVICES REQUESTED

☐ Physiatrist MD Consultation with Physiotherapist Assessment
☐ Physiatrist MD Consultation Only (Physical Medicine and Rehab Physician)
☐ Physiotherapy Assessment Only
☐ Sports Medicine Consultation
☐ EMG / Nerve Conduction Testing
☐ Rapid Access Joint Injection
☐ Concussion Assessment
☐ Active Rehab Services

☐ Next Available
☐ Specific Physician

Reason for Specific Physician Request:
.....
.....

Active ICBC Claim? ☐ Yes ☐ No
WCB Claim # .....

2 - **ASSESSMENT** - SUBJECTIVE / OBJECTIVE FINDINGS

Exam preparation, clinic directions, and appointment booking instructions available at ***kinetixmedicine.com/exam-prep***

3 - **ASSESSMENT** - INVESTIGATIONS / CONSULTANT REPORTS

4 - **PAIN MANAGEMENT** - THERAPY CHOICE

- ☐ Steroid Injection
- ☐ Medial Branch Block
- ☐ Botox Therapy - Headaches* (Not MSP Covered)
- ☐ Other: .....
- ☐ Needle Tenotomy / Scraping*
- ☐ Calcific Tendon Barbotage*
- ☐ Viscosupplementation/Hyaluronic Acid
- ☐ Radio Frequency Ablation
- ☐ Platelet Rich Plasma* (Not MSP Covered)

*Post procedure individualized physical therapy program strongly recommended

5 - **PAIN MANAGEMENT** - PROCEDURE REQUESTED

SPINE PROCEDURES

☐ C2-3	R ☐	L ☐	☐ L1-2	R ☐	L ☐
☐ C3-4	R ☐	L ☐	☐ L2-3	R ☐	L ☐
☐ C4-5	R ☐	L ☐	☐ L3-4	R ☐	L ☐
☐ C5-6	R ☐	L ☐	☐ L4-5	R ☐	L ☐
☐ C6-7	R ☐	L ☐	☐ L5-S1	R ☐	L ☐
☐ C7-T1	R ☐	L ☐			

☐ Epidural Steroid Injection	L2-3	R ☐	L ☐	L2
	L3-4	R ☐	L ☐	L3
☐ Selective Nerve Root Block	L4-5	R ☐	L ☐	L4
	L5-S1	R ☐	L ☐	L5
	L5-S1	R ☐	L ☐	S1

NOTE:

All patients undergoing interventional treatment are highly recommended to undergo a post-procedure physical rehabilitation program. At Kinetix we can further assess the patient and develop an individualized treatment plan.

Please do not hesitate to contact the clinic if you have any questions.

JOINT AND SOFT TISSUE

Shoulder

- ☐ Subacromial bursa R ☐ L ☐
- ☐ Glenohumeral joint R ☐ L ☐
- ☐ Acromioclavicular joint R ☐ L ☐
- ☐ Bicep tendon (long head) R ☐ L ☐
- ☐ Supraspinatus R ☐ L ☐

Elbow

- ☐ Elbow joint R ☐ L ☐
- ☐ Lateral epicondylitis R ☐ L ☐
- ☐ Medial epicondyliitis R ☐ L ☐
- ☐ Olecranon bursa R ☐ L ☐

Pelvis

- ☐ Hip joint R ☐ L ☐
- ☐ SI joint R ☐ L ☐
- ☐ Greater trochanteric bursa R ☐ L ☐
- ☐ Iliopsoas bursa R ☐ L ☐
- ☐ Ischial tuberosity R ☐ L ☐
- ☐ Pubic symphysis R ☐ L ☐
- ☐ Other (please call) R ☐ L ☐

Headache

- ☐ Greater Occipital Nerve R ☐ L ☐
- ☐ 3rd Occipital Nerve R ☐ L ☐
- ☐ TMJ Injection R ☐ L ☐
- ☐ Botox for Migraine Therapy

Wrist / Hand

- ☐ Radiocarpal joint R ☐ L ☐
- ☐ 1st CMC joint R ☐ L ☐
- ☐ Carpal tunnel R ☐ L ☐
- ☐ Trigger finger R ☐ L ☐
- ☐ De Quervains tenosynovitis R ☐ L ☐
- ☐ Ganglion cyst aspiration R ☐ L ☐

Knee

- ☐ Knee joint R ☐ L ☐
- ☐ Pes Anserinus Bursa R ☐ L ☐

Ankle / Foot

- ☐ Tibiotalar joint R ☐ L ☐
- ☐ Subtalar joint R ☐ L ☐
- ☐ Talonvicular joint R ☐ L ☐
- ☐ Calcaneocuboid joint R ☐ L ☐
- ☐ 1st MTP R ☐ L ☐
- ☐ Retrocalaneal bursa R ☐ L ☐
- ☐ Plantar fascitis R ☐ L ☐
- ☐ Achilles tendon (PRP) R ☐ L ☐

Other

- ☐ Other Joint / Tendon / Bursa

Please Indicate .....

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