

**Musculoskeletal Care Clinic REFERRAL**

Please use this Central Intake Form for all non-surgical MSK referrals,  
including **MSK assessments** and **Injection therapy**.

**Patient Demographics (may attach label)**

**Last Name:**  
**First Name:**  
**Address:**  
**City:**  
**Province:**  
**Postal Code:**                      **DOB:**  
**Ph#(H):**                                **Ph#(C):**  
**Email:**                                **PHN:**

**Referring Clinician Information (may stamp)**

**Clinician Name:**  
**PRACID:**  
**Address:**  
**City:**  
**Province:**  
**Postal Code:**  
**Phone:**  
**Fax:**

**WCB case number:**

**Email:**

<b>Reason for referral :</b>		
<p><b>Previous treatment</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Physiotherapy  <input type="checkbox"/> Oral NSAIDS  <input type="checkbox"/> Brace </td> <td style="width: 50%; vertical-align: top;"> <b>Injection therapy:</b> <input type="checkbox"/> Corticosteroid  <input type="checkbox"/> Viscosupplementation  <input type="checkbox"/> Platelet-rich Plasma (PRP) </td> </tr> </table>	<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Oral NSAIDS <input type="checkbox"/> Brace	<b>Injection therapy:</b> <input type="checkbox"/> Corticosteroid <input type="checkbox"/> Viscosupplementation <input type="checkbox"/> Platelet-rich Plasma (PRP)
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<b>Diagnosis</b>		
<b>Clinical History</b>		
<b>Available Imaging</b>		
<b>Next available Physician or Dr :</b> _____		



If accepted, this referral will be triaged by a qualified physician without bias to treatment. A focused musculoskeletal assessment will be conducted before injection. An alternate treatment may be proposed, including follow-up consultation.

## The CAO Approach:

### 1. Consultation and Assessment



### 2. The Most Appropriate Treatment



### 3. Follow-Up



**Thank you** for your referral. Please note, in the interest of patient safety and to improve clinical outcomes, the requested procedure may be altered, postponed and/or cancelled for the following reasons:

#### Needle Placement

- Skin lesion and/or breakdown over the targeted injection location
- Recent local, remote and/or systemic infection
- Patient unable to tolerate procedure
- Uncontrolled bleeding disorder

#### Cortisone Injection

- Recent cortisone injection within < 3 months in the same location
- Any recent surgery within < 6 weeks prior and/or after injection
- A scheduled surgery within < 3 months in the same location
- Surgical hardware in the same anatomical location
- Uncontrolled blood pressure or blood sugar
- Immunocompromised patient
- Pregnancy

#### Platelet Rich Plasma (PRP) Injection and/or Needle Tenotomy

- Enrollment with our physiotherapy is required prior to Needle Tenotomy
- Recent cortisone injection within < 3 months in the same location
- Recent cortisone injection within < 6 weeks in any other location
- Use of nonsteroidal anti-inflammatory drugs within <2 weeks
- Use of CBD oil/Medical Marijuana within <2 weeks

#### Others

- An alternative diagnosis or lack of confirmed diagnosis on assessment
- Prior no relief, allergic reactions or side effects to the same procedure

