

Fax Referral to 1-833-627-7022

Musculoskeletal Care Clinic Referral

Please use this Central Intake Form for all **NON-SURGICAL** MSK referrals, including **MSK assessments, fluoroscopic / ultrasound guided injection therapy and radiofrequency ablation.**

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:**
Email:

Reason for referral:													
Previous treatment													
<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Oral NSAIDS <input type="checkbox"/> Brace	Injection therapy: <input type="checkbox"/> Corticosteroid <input type="checkbox"/> Viscosupplementation <input type="checkbox"/> Platelet-rich Plasma (PRP) <input type="checkbox"/> Other:												
Diagnosis													
Clinical History													
Available Imaging	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">Is this related to a WCB injury/claim? If yes, please list any relevant details: -WCB claim#: _____ -Date of injury: _____</td> <td style="border: none; text-align: right; vertical-align: top;"> YES <input type="checkbox"/> </td> </tr> <tr> <td style="border: none;">Is this related to a MVA?</td> <td style="border: none; text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Any active mental health issues?</td> <td style="border: none; text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Any history of substance abuse?</td> <td style="border: none; text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Any form of income support? (i.e. AISH, disability benefits, etc....)</td> <td style="border: none; text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Are you able to maintain a narcotic RX?</td> <td style="border: none; text-align: right; vertical-align: top;"><input type="checkbox"/></td> </tr> </table>	Is this related to a WCB injury/claim? If yes, please list any relevant details: -WCB claim#: _____ -Date of injury: _____	YES <input type="checkbox"/>	Is this related to a MVA?	<input type="checkbox"/>	Any active mental health issues?	<input type="checkbox"/>	Any history of substance abuse?	<input type="checkbox"/>	Any form of income support? (i.e. AISH, disability benefits, etc....)	<input type="checkbox"/>	Are you able to maintain a narcotic RX?	<input type="checkbox"/>
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Next Available Physician <input type="checkbox"/> or Dr: _____													

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 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, a 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