CAPRI
CENTRAL ALBERTA PAIN & REHABILITATION INSTITUTE

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(403) 782-6511 www.capriclinic.ca feedback@capriclinic.ca

DIRECT INJECTION REFERRAL FORM

PATIENT INFORMATION

PLACE PATIENT LABEL HERE

Name:

Address: _____

City:_____ **Province:** _____ **Postal Code:** _____

Date of Birth_____/_____/_____ **Gender:** ☐ **Male** ☐ **Female** ☐ **Other**

Home Phone: _____

Other Phone: _____

AHC# _____

WCB#_____

HISTORY AND PRESUMPTIVE DIAGNOSIS

Please provide all relevant information:

:

PATIENT INFORMATION

MEDICATIONS
- ☐ Coumadin
- ☐ Plavix, Apixaban, Rivaroxaban
- ☐ Other Blood Thinners:_____

ALLERGIES
- ☐ Xylocaine
- ☐ Iodinated Contrast
- ☐ Other: _____

MEDICAL CONDITIONS
- ☐ Diabetes
- ☐ Osteoporosis/Osteopenia
- ☐ Other:_____

PROCEDURE REQUEST:

Spine Interventions may require further imaging or assessment which can be arranged on your behalf. We review prior imaging and treatment may be altered by the treating physician based on what is felt to be the most appropriate procedure.

CONSULT OPTION

☐ Option to do consult if patient fails treatment and we feel consultation warrented

REPEAT PROCEDURE

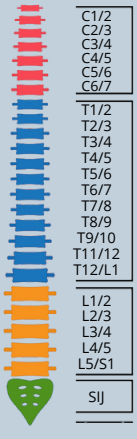
☐ Number of repeats per year _____

SPINE PROCEURES: JOINTS (MECHANICAL/FOCAL POINT)

☐ **INJECTION INTRA-ARTICULAR**

☐ **MEDIAL/LATERAL BRANCH BLOCKS**

☐ **RADIOFREQUENCY ABLATION (RFA)**
***** *Will undergo MBB/LBB first*



Cervical spine

Thoracic spine

Lumbar spine

Sacrum
Coccyx

Cervical
Specify Level:_____ ☐ R ☐ L

Thoracic
Specify Level:_____ ☐ R ☐ L

Lumbosacral
- L1/L2 facet ☐ R ☐ L
- L2/L3 facet ☐ R ☐ L
- L3/L4 facet ☐ R ☐ L
- L4/L5 facet ☐ R ☐ L
- L5/S1 facet ☐ R ☐ L
- Sacroiliac Joint ☐ R ☐ L
- Sacrococcygeal joint ☐
- Hip ☐ R ☐ L

SPINAL PROCEURES: EPIDURALS

☐ **Epidural (Transforaminal)**

L3 ☐ R ☐ L
L4 ☐ R ☐ L
L5 ☐ R ☐ L
S1 _____ ☐ R ☐ L

☐ **Epidural (Interlaminar)**

☐ L2/L3 ☐ L4/L5
☐ L3/L4 ☐ L5/S1

☐ **Caudal Epidural**

GENICULAR KNEE ABLATION (Private pay for procedure - Consult/testing blocks at no cost) ☐ **R** ☐ **L**

PRP - Includes an assessment prior to procedure. Spine PRP includes a comprehensive spine consult and in most cases diagnostic injections. (Private Pay) **Location(s):**

REFERRER INFORMATION

Name: _____
Address: _____
Phone:_____ **Fax:** _____
Prac ID:_____ **Signature:**_____

OFFICE USE ONLY

Date of Requisition:

Appointment Date:

Appointment Time: