

GENERAL BOOKING LINE 1.877.420.4CDC(4232)

FAX 1.877.919.3291

Patient Information

NAME _____ DOB / / WEIGHT _____ lbs/kg
 ADDRESS _____ GENDER Male / Female
 CITY _____ PROV _____ PC _____ AHC# or WCB _____
 Ph. HOME _____ Ph. OTHER _____ Date of Accident / /

Medication

- Anticoagulation (Blood Thinners: Coumadin/warfarin, Plavix, Heparin, Pradax™)
 Aspirin Other _____


Allergies

- Latex X-Ray Contrast/Dye
 Other _____

Clinical History

Exam Details

DATE _____ TIME _____

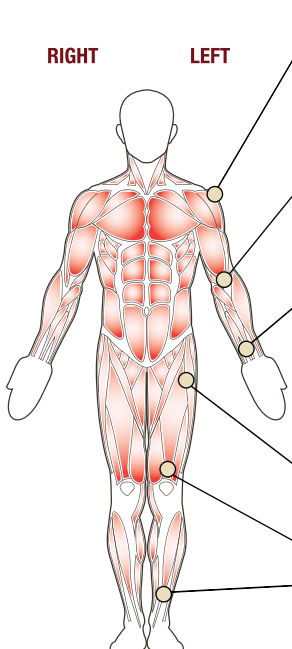
 Westgate P 780.484.1672 F 780.484.2982
 172 - 17010 90 Avenue

Procedures (All procedures are covered by Alberta Health Care.)

See back for patient instructions

PERIPHERAL JOINT/BURSA/TENDON

RIGHT LEFT



Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Subacromial bursa	<input type="checkbox"/>	<input type="checkbox"/>
Glenohumeral joint	<input type="checkbox"/>	<input type="checkbox"/>
AC joint	<input type="checkbox"/>	<input type="checkbox"/>
Longhead of biceps tendon sheath	<input type="checkbox"/>	<input type="checkbox"/>
Elbow		
Lateral epicondylitis	<input type="checkbox"/>	<input type="checkbox"/>
Medial epicondyle	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Joint	<input type="checkbox"/>	<input type="checkbox"/>
Wrist+Hand		
First dorsal compartment (for DeQuervan's tenosynovitis)	<input type="checkbox"/>	<input type="checkbox"/>
Radiocarpal joint	<input type="checkbox"/>	<input type="checkbox"/>
First carpometacarpal joint	<input type="checkbox"/>	<input type="checkbox"/>
Trigger Finger	<input type="checkbox"/>	<input type="checkbox"/>
Finger joints	<input type="checkbox"/>	<input type="checkbox"/>
Hip Joint	<input type="checkbox"/>	<input type="checkbox"/>
Greater trochanteric bursa	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>
Other Joint _____		

LUMBAR SPINE

Facet injection
 (diagnostic + therapeutic)

- | | |
|-----------------------------------|-----------------------------------|
| RIGHT | LEFT |
| <input type="checkbox"/> L1-2 | <input type="checkbox"/> L1-2 |
| <input type="checkbox"/> L2-3 | <input type="checkbox"/> L2-3 |
| <input type="checkbox"/> L3-4 | <input type="checkbox"/> L3-4 |
| <input type="checkbox"/> L4-5 | <input type="checkbox"/> L4-5 |
| <input type="checkbox"/> L5-S1 | <input type="checkbox"/> L5-S1 |
| <input type="checkbox"/> SI Joint | <input type="checkbox"/> SI Joint |

Other/special procedure requests

REPEAT PROCEDURE _____ (#) times.
 MD Initials _____

Referring Physician (print) _____

Referring Physician (signature) _____

Phone _____ Fax _____

Copy to (name) _____ Fax Copy _____

Physician Stamp & Prac ID

Patient Instructions

- Please bring your referral form and your current Alberta Health Care card to your appointment.
- Arrive 20-30 minutes prior to your appointment. Your exam may have to be rescheduled if you are late.
- Please call **780.484.1672** at least 24 hours in advance of your exam if you are unable to keep your appointment.
- Take all prescribed medication as directed by your doctor. Your doctor may prescribe medication changes prior to your procedure, especially if you are on blood thinners.
- Please do not bring young children who require supervision.
- DO NOT chew gum or drink carbonated beverages on the day of your procedure.
- Please avoid using lotions or perfumes on the day of your procedure. Underarm deodorant is fine.
- If applicable bring any steroid or joint medication (e.g. Synvisc, Durolane) prescribed by your doctor for the procedure.
- Once your treatment is complete, a technologist will ask that you remain in the waiting area for 10 minutes and will re-evaluate your pain level on the chart. We ask that you resume normal activities after your exam, but to refrain from any heavy lifting or strenuous activities for at least 24 hours following your treatment, or as prescribed by your doctor.
- All procedures have the potential to affect your ability to operate a motor vehicle. CDC recommends that all patients refrain from driving for 24 hours after the procedure and that they arrange for a driver or other transportation for their exam.
- For nerve root block or an epidural procedure patients must be accompanied by an adult before, during and after the procedure. Patients will not be able to drive following the procedure and therefore, must arrange for a driver or other transportation. Failure to comply with this guideline will result in your appointment being cancelled.
- Serious complications are extremely rare but can happen. It may be normal to experience some increased pain and discomfort the day after your procedure. However, if you suffer steadily worsening pain day after day, experience fever/chills or any other sign of infection, or develop new numbness or weakness in your limbs the day after your procedure, contact your doctor immediately or if not available, proceed directly to Emergency and take this form with you.
- Cloth gowns and scrubs are provided for patient comfort. Patients who prefer to wear their own clothing and full undergarments are advised that their clothing could be accidentally stained by disinfectant.

Pain Diary

Please record the following information as accurately as possible, in order to help your doctor determine how successful the treatment was, and guard against any complications.

Structure injected _____ Injection date and time _____

PAIN RECORD

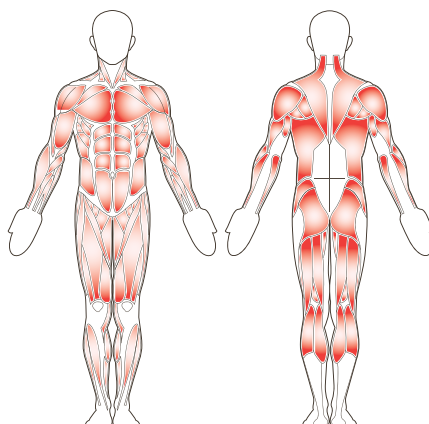
0 1 2 3 4 5 6 7 8 9 10
No Pain Worst Imaginable

PRE-INJECTION PAIN SCORE

10 minutes (post-injection) **Day 2 (post-injection)**
Time _____ Date _____
Score _____ Score _____

2 hours (post-injection) **Day 3 (post injection)**
Time _____ Date _____
Score _____ Score _____

Day 1 (post-injection) **Day 7 (post injection)**
Date _____ Date _____
Score _____ Score _____



Contact Us

Main Line: 780.484.1672 Fax: 780.484.2982
Toll Free: 1.877.420.4232 Website: CanadaDiagnostics.ca

Last Updated: AUGUST 2011

General Information:

Open Monday to Friday
8 am – 6 pm

- Free Parking
- Wheel Chair Accessible

Location:

WESTGATE X-RAY & ULTRASOUND

(Across from West Edmonton Mall)

172 - 17010 90 Avenue
Edmonton, AB T5T 1L6

Ph: 780.484.1672

Fax: 780.484.2982

CanadaDiagnostics.ca