

Pain Management Requisition

CENTRAL BOOKING
780-669-2222
Toll Free: 1-866-771-9446
Fax: 780-930-1593
*no appointment needed for general x-ray

To cancel or rebook your appointment please call Central Booking at 780-669-2222

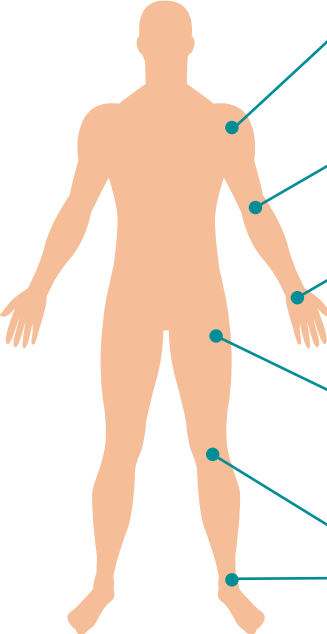
NAME: _____
 ADDRESS: _____
 PHONE: _____ DATE OF BIRTH: _____ M F
 INSURANCE: _____ W.C.B. () OTHER: _____

APPOINTMENT
 Date: _____
 Time: _____
 Location: _____

PROCEDURES (All procedures covered by Alberta Health Services)

RELEVANT CLINICAL HISTORY

PERIPHERAL JOINT/BURSA/TENDON



	RIGHT	LEFT
Shoulder		
Glenohumeral joint	<input type="checkbox"/>	<input type="checkbox"/>
AC joint	<input type="checkbox"/>	<input type="checkbox"/>
Subacromial bursa	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Elbow		
Lateral epicondyle	<input type="checkbox"/>	<input type="checkbox"/>
Medial epicondyle	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hand and Wrist		
Radiocarpal joint	<input type="checkbox"/>	<input type="checkbox"/>
1st CMC joint	<input type="checkbox"/>	<input type="checkbox"/>
1st MCP joint	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Hip		
Hip joint	<input type="checkbox"/>	<input type="checkbox"/>
Greater trochanteric bursa	<input type="checkbox"/>	<input type="checkbox"/>
Ischial bursa	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>
Other Joint: _____		

OTHER INSIGHT SERVICES

MRI & CT	Bone Density
Nuclear Medicine	Women's Imaging
Ultrasound	Cardiac and Vascular lab
X-ray	Body composition analysis
Fluoroscopy	ECG

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Repeat Number of Injections: _____ Signature: _____

LUMBAR SPINE

Facet injection (diagnostic + therapeutic) Other/special procedure requests

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

Repeat Number of Injections: _____ Signature: _____

RELEVANT HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

SIGNATURE _____ PHONE: _____
 REFERRING DR. _____ FAX: _____
 PREGNANT? NO YES LMP _____

STAT FAX REPORT (until 16:00)
 SEND IMAGES WITH PATIENT
 COPY OF REPORT TO _____

TECH _____
 TIME _____
 IMAGES _____

FREE PARKING ALL SITES

Please arrive 15 minutes before your appointment time. You must notify our office if you are unable to keep your appointment at 780-669-2222.

PATIENT INSTRUCTIONS

- Continue all medications and your usual diet both before and after the procedure.
- If you have an active infection your procedure will have to be rescheduled and you must notify our office (780-669-2222).
- If you are having special joint medication injected such as Synvisc, please purchase it before your appointment and bring it with you. Cortisone and other medications are supplied by Insight.
- Please arrange to have a ride home if you are having your spine, hip or sacroiliac joint injected.
- Joint injections may take up to 30 minutes or longer to perform, depending on the injection site.
- You will be required to stay in the clinic for 15 minutes after the procedure to monitor your response to the injection. Please plan for this.
- You should refrain from strenuous activity for at least a day after the injection. Also avoid hot tubs, swimming pools or prolonged bathing for the next 24 hours.
- You should also keep a record of your pain level on the accompanying pain diary (located on the right).
- If necessary, pain medication such as Tylenol or Advil can be used for discomfort after the injection (if you have no contraindications to these medications).
- Serious complications after joint injections are rare, but can occur. If you experience worsening pain over the next several days, fever and chills, other signs of infection or new numbness please contact your doctor or proceed to an emergency department.

PATIENT DIARY

Please record the following information as accurately as possible. This will help your doctor determine how successful the treatment was.

PAIN RECORD

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

Site Injected: _____

Injection Date: _____

Injection Time: _____

PRE-INJECTION PAIN SCORE

Record your pain score at each of the following times below after your injection.

10 minutes:

Time: _____

Score: _____

Day 2:

Time: _____

Score: _____

2 Hours:

Time: _____

Score: _____

Day 3:

Time: _____

Score: _____

Day 1:

Time: _____

Score: _____

Day 7:

Time: _____

Score: _____

PAIN MANAGEMENT LOCATIONS FOR APPOINTMENT CALL CENTRAL BOOKING

OLIVER SQUARE

11560 - 104 Avenue T5K 2S5
Ph: 780-486-8102 | F: 780-638-6241

HERITAGE SOUTH

2049 - 111 Street NW T6J 4V9
Ph: 780-438-0547 | F: 780-438-9211

SPRUCE GROVE

107, 505 Queen Street T7X 2V2
Ph: 780-962-0297 | F: 780-962-8084

MEADOWLARK

216 Meadowlark Health Centre
156 Street - 89 Avenue T5R 5W9
Ph: 780-489-8430 | F: 780-481-6630

MILLWOODS

Main Street Mall
6466 - 28 Avenue T6L 6N3
Ph: 780-486-8103 | F: 780-638-6532

CASTLEDOWNS

15309 Castle Downs Road T5X 6C3
Ph: 780-457-4070 | F: 780-456-1250

LEDUC

5307 - 50 Avenue T9E 6T2
Ph: 780-486-8104 | F: 780-638-6533

HERMITAGE NORTH

12779 - 50 Street T5A 4L8
Ph: 780-475-1866 | F: 780-478-0858

SHERWOOD PARK

136 Athabasca Avenue T8A 4E3
NE corner of Athabasca and Chippewa
Ph: 780-464-1515 | F: 780-464-1216

FREE PARKING ALL SITES

