

**Central Booking:**  
780-669-2222

**Toll Free:**  
1-866-771-9446

**Fax:**  
780-930-1593

No appointment needed  
for general x-ray or ECG

**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: \_\_\_\_\_

**1 RELEVANT HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2 SINGLE INJECTION**

**SERIES INJECTION**

Number of injections

(up to 4 per year) \_\_\_\_\_

MD Initials \_\_\_\_\_

**3 ALLERGIES AND MEDICATION**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Diabetic yes  no

**4 INJECTION SITE**

**Elbow**

- Elbow Joint R  L
- Lateral Epicondylitis R  L
- Medial Epicondylitis R  L
- Olecranon Bursa R  L

**Shoulder**

- Subacromial Bursa R  L
- Glenohumeral Joint R  L
- Acromioclavicular Joint R  L
- Biceps Tendon (long head) R  L
- Barbotage R  L

**Wrist/Hand**

- Radiocarpal Joint R  L
- 1st CMC Joint R  L
- Trigger Finger R  L
- De Quervain's Tenosynovitis R  L
- Ganglion Cyst Aspiration R  L
- Carpal Tunnel R  L
- Specify: \_\_\_\_\_

**Hip/Pelvis**

- Hip Joint R  L
- SI Joint R  L
- Greater Trochanteric Bursa R  L
- Iliopsoas Bursa R  L
- Ischial Bursa R  L
- Coccyx R  L
- Piriformis Syndrome R  L
- Sacral Transverse Joint R  L
- Ganglion Impar
- Pubic Symphysis

**Knee**

- Knee Joint R  L
- Pes Anserine Bursa R  L
- Baker Cyst Aspiration R  L
- Specify: \_\_\_\_\_

**Ankle/Foot**

- Tibiotalar Joint R  L
- Subtalar Joint R  L
- Talonavicular Joint R  L
- Calcaneocuboid Joint R  L
- 1st MTP Joint R  L
- Retrocalcaneal Bursa R  L
- Plantar Fasciitis R  L
- Morton's Neuroma R  L
- Specify: \_\_\_\_\_

**Cervical**

- |                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/>                              |  |
| Facets                   | Medial Branch Block                                   |  |
| C2/C3                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |
| C3/C4                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |
| C4/C5                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |
| C5/C6                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |
| C6/C7                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |
| C7/T1                    | R <input type="checkbox"/> L <input type="checkbox"/> |  |

**Lumbar**

- Facets
- Medial Branch Block
 

L1/L2	R <input type="checkbox"/> L <input type="checkbox"/>	L1 <input type="checkbox"/>
L2/L3	R <input type="checkbox"/> L <input type="checkbox"/>	L2 <input type="checkbox"/>
L3/L4	R <input type="checkbox"/> L <input type="checkbox"/>	L3 <input type="checkbox"/>
L4/L5	R <input type="checkbox"/> L <input type="checkbox"/>	L4 <input type="checkbox"/>
L5/S1	R <input type="checkbox"/> L <input type="checkbox"/>	L5 <input type="checkbox"/>
- Radiofrequency Ablation
- Selective Nerve Root Block
- Synovial Cyst Rupture
- Sympathetic Block

**Lumbar Epidural**

- Caudal ESI  Interlaminar

**Thoracic Facet Joint** R  L

Levels (please specify): \_\_\_\_\_

**TMJ** R  L

**Greater Occipital Nerve** R  L

**Other** \_\_\_\_\_

**Steroid injection performed unless otherwise indicated**

**Viscosupplementation (Hyaluronic Acid):**

\*Can be supplied by Insight

STAT FAX REPORT (until 4 pm, M-F) TECH \_\_\_\_\_  
 COPY OF REPORT TO: TIME \_\_\_\_\_  
 IMAGES \_\_\_\_\_

Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Dr. \_\_\_\_\_ Pregnant?  No  Yes LMP \_\_\_\_\_

## 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 check with Central Booking for cost of our Synvisc versus pharmacy. 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