

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

- Facets C2/C3 R L
- C3/C4 R L
- C4/C5 R L
- Medial Branch Block C5/C6 R L
- C6/C7 R L
- C7/T1 R L

Lumbar

- Facets
- Medial Branch Block L1/L2 R L L1
- Radiofrequency Ablation L2/L3 R L L2
- Selective Nerve Root Block L3/L4 R L L3
- L4/L5 R L L4
- L5/S1 R L L5
- S1 R L S1
- 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? Yes No LMP _____

* Fees applicable.

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 be advised, depending on your procedure, you may require a driver. When scheduling your appointment our booking agents will provide you with further instruction.
- 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