



PATIENT DEMOGRAPHICS

Patient Name: _____
 PHN: _____
 D.O.B: _____
 Primary Contact Number: _____
 Patient Address: _____

REFERRING PRACTITIONER

Referring Practitioner: _____
 PRAC ID: _____
 Clinic Address: _____
 Contact Number: _____
 Fax Number: _____

SERVICES REQUESTED

- Sport Medicine Consultation
- Paediatric Sport Medicine Consultation
- Acute Knee Injury Clinic (AKIC)
Date of injury required
- Physiotherapy
- Sport Related Concussion
- Performing Arts Clinic

REFERRAL TO

- Urgent
- Next Available
- Specific Provider:

SCREENING INFORMATION

Does this patient have an active lifestyle? YES NO

If yes, please outline their sport/recreational activities:

Was this patient injured at work? YES NO *please note we do not see MVA/WCB cases.

Was this patient involved in a Motor Vehicle Accident? YES NO

CLINICAL INFORMATION

Date of Injury:

Mechanism of injury - Provide details on **how** and **when** the injury occurred.

What are the patient's presenting symptoms?

Please list pertinent physical examination findings.

Please attach any pertinent diagnostic imaging, prior consultations, and medical history

- XRAY US MRI CT Bone Scan Consultations

PLEASE FAX COMPLETED FORM TO OUR CENTRAL FAX LINE (780) 460-9978

SPORT MEDICINE PHYSICIANS

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DR. DHIREN NAIDU

PEDIATRIC SPORT MEDICINE

DR. ERIKA PERSSON

DIAGNOSTIC IMAGING

Please refer to the list below and have your patient complete x-rays of the area relevant to their complaint prior to consultation. Please note that MRI and Ultrasound are not needed for referral.

Note: X-Rays are only required for adult patients. Imaging needs for pediatric patients will be determined by the consulting physician.

C-spine: AP, lateral, odontoid and flexion/extension views

L- spine: AP, lateral and oblique views

Shoulder: True AP, suprapinatus outlet, axillary lateral, zanca and Westpoint views

Elbow: AP and lateral views

Wrist: AP, lateral, oblique, scaphoid, hook of hamate and clenched fist views

Hip: AP, frog leg lateral, Dunn and false hip views

Knee: STANDING bilateral AP, tunnel, skyline and lateral views

Ankle: STANDING AP, lateral, oblique and talar dome views

Foot: STANDING AP, oblique and lateral views

OUR CLINICS

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SATHER REID SPORT MEDICINE CENTRAL
COMING SOON



SATHER REID
SPORT MEDICINE CLINIC

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